Consolidated Financial Statements and Supplemental Material Years Ended September 30, 2018 and 2017

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#### SKILLMAN GROUP, PLC

Certified Public Accountants and Business Advisors

#### **Independent Auditor's Report**

To the Board of Directors National Association of Investors Corporation Madison Heights, Michigan

We have audited the accompanying consolidated financial statements of National Association of Investors Corporation and Subsidiary (the "Organization"), which comprise the consolidated balance sheets as of September 30, 2018 and 2017, and the related consolidated statements of activities and changes in net assets, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of National Association of Investors Corporation and Subsidiary as of September 30, 2018 and 2017, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Certified Public Accountants

February 5, 2019

September 30,		2018	2017
Assets			
Current Assets			
Cash and cash equivalents			
Home Office	\$	<b>1,132,771</b> \$	2,029,197
Chapters		465,501	487,954
Accounts receivable, net		18,222	23,647
Investments			
Home Office		1,200,850	501,742
Chapters		173,405	164,268
Inventory		24,549	30,644
Prepaid expenses		76,423	57,260
Refundable income taxes		14,048	8,392
Total Current Assets		3,105,769	3,303,104
Property and Equipment Computer equipment and software		3,244,471	3,111,085
Furniture and fixtures		332,458	345,795
Furtiliture and fixtures		332,436	J45,755
		3,576,929	3,456,880
Less accumulated depreciation		3,335,085	3,289,680
Net Property and Equipment		241,844	167,200
Other			
JJ.		8,201	5,001
Investments		1,761	1,370
Deferred tax asset		-	•
Intangible assets, net		72,307	180,76
Goodwill, net		1,675,007	1,888,349
Total Other Assets		1,757,276	2,075,48
. Ott. Tildi Flood			_,0,0,10
	-		
	\$	5,104,889 \$	5,545,789

#### **Consolidated Balance Sheets**

September 30,	2018	2017
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 138,312	\$ 113,612
Accrued payroll and related benefits	168,857	165,255
Accrued expenses	20,222	20,924
Federal income taxes payable	· · ·	4,337
Current portion of merger earn-out payment	240,689	299,340
Deferred revenue, current portion	 1,313,535	1,402,863
Total Current Liabilities	1,881,615	2,006,331
Long-Term Liabilities  Merger earn-out payment, net of current portion  Deferred revenue, net of current portion	- 387,280	225,040 428,636
ii daa	307,200	120,030
Total Long-Term Liabilities	387,280	653,676
Total Liabilities	 2,268,895	2,660,007
Net Assets		
Unrestricted	2,774,260	2,824,048
Temporarily restricted	61,734	61,734
Total Net Assets	2,835,994	2,885,782

\$ 5,104,889 \$ 5,545,789 See Summary of Significant Accounting Policies and Notes to Consolidated Financial Statements.

#### **Consolidated Statements of Activities and Changes in Net Assets**

ear Ended September 30,		2018	2017
ncome			
Sales			
Software sales	\$	903,617 \$	957,409
Publication, book and other sales		232,301	226,299
National convention and other conference sales		211,023	200,658
Chapter program sales		62,105	67,738
Other sales		63,866	65,019
Total Sales		1,472,912	1,517,123
Dues			
Club membership dues		1,101,537	1,177,810
Individual membership dues		619,175	625,690
Online premium service membership dues		353,596	355,504
Corporate membership dues		63,950	75,855
Total Dues		2,138,258	2,234,859
Other			
Subscriptions and advertising		32,505	43,682
Investment income		21,483	6,424
Contributions		3,699	2,698
Royalty income		2,242	683
Realized and unrealized loss on investments	(437)		(2,531
Gain on sale of fixed assets		341	261
Total Other		59,492	51,215
otal Income		3,670,662	3,803,197
expenses			
Operating expense		3,473,136	3,590,332
Goodwill impairment loss		234,751	843,284
otal Expenses		3,707,887	4,433,610
oss Before Provision For Income Taxes		(37,225)	(630,419
Provision for Income Taxes			
Federal		10,764	13,899
State		1,799	44:
otal Provision for Income Taxes		12,563	14,34
Change in Net Assets		(49,788)	(644,76
Net Assets, Beginning of Year		2,885,782	3,530,54
Net Assets, End of Year	\$	2,835,994 \$	2,885,78

See Summary of Significant Accounting Policies and Notes to Consolidated Financial Statements.

#### **Consolidated Statements of Changes in Net Assets**

Year Ended September 30,	2018	2017
Changes in Unrestricted Net Assets		
Income	\$ 3,670,662	\$ 3,803,147
Expenses		
Operating	(3,473,136)	(3,590,332)
Goodwill impairment loss	(234,751)	(843,284)
Income tax expense	(12,563)	(14,342)
Decrease in Unrestricted Net Assets	(49,788)	(644,811)
Changes in Temporarily Restricted Net Assets		
Income	-	50
Increase in Temporarily Restricted Net Assets	-	50
Change in Net Assets	(49,788)	(644,761)
Net Assets, Beginning of Year	2,885,782	3,530,543
Net Assets, End of Year	\$ 2,835,994	\$ 2,885,782

See Summary of Significant Accounting Policies and Notes to Consolidated Financial Statements.

#### **Consolidated Statements of Cash Flows**

ear Ended September 30,	2018	2017
Cash Flows From Operating Activities		
Change in net assets	\$ (49,788) \$	(644,761
Adjustments to reconcile change in net assets to		
net cash provided by operating activities		
Depreciation and amortization - property and equipment	59,020	60,847
Amortization - intangible assets	108,458	108,458
Gain on sale of property and equipment	÷ .	(261
Net realized and unrealized investment loss	437	2,531
Impairment loss on goodwill	234,751	843,284
(Increase) decrease in operating assets:		
Accounts receivable	5,425	2,547
Legal settlement		25,000
Inventory	6,095	10,496
Prepaid expenses	(19,163)	(1,798
Refundable income taxes	(5,656)	7,187
Deferred tax asset	(391)	(1,370
Increase (decrease) in operating liabilities:		
Accounts payable	24,700	(7,894
Federal income taxes payable	(4,337)	4,337
Accrued payroll and related benefits	3,602	3,158
Accrued expenses	(702)	4,333
Deferred revenue	(130,684)	(99,334
Net Cash Provided By Operating Activities	231,767	316,760
Cash Flows From Investing Activities		
Proceeds from sale of investments	88,118	415
Purchase of investments	(800,000)	(500,000
Purchase of property and equipment	(133,664)	(62,137
Proceeds from sale of property and equipment	(133/004)	261
Net Cash Used In Investing Activities	(845,546)	(561,461
Cash Flows From Financing Activities	(205 400)	(224.40)
Merger earn-out payments	(305,100)	(321,100
Net Decrease in Cash and Cash Equivalents	(918,879)	(565,801
Cash and Cash Equivalents, Beginning of Year	2,517,151	3,082,952

See Summary of Significant Accounting Policies and Notes to Consolidated Financial Statements.

#### **Summary of Significant Accounting Policies**

#### Nature of Organization

National Association of Investors Corporation ("NAIC" or the "Organization"), doing business as BetterInvesting, a non-profit organization, is engaged in investment education and providing members with instruction, methods, and tools to make informed investment decisions. Revenue consists primarily of membership dues, subscriptions, and sales of publications, advertising, and market analysis tools to members and corporate sponsors throughout the country.

Effective June 1, 2009, NAIC acquired all stock of ICLUB, Inc. a for-profit entity and previous vendor of NAIC's. The former ICLUB, Inc. is now operating as ICLUBcentral, Inc. ("ICLUB"). ICLUB's revenue consists primarily of sales of software, publications, and market analysis tools to NAIC members throughout the country.

# Principles of Consolidation

The consolidated financial statements include the accounts of NAIC and ICLUB. All material intercompany balances and transactions are eliminated.

#### Basis of Accounting

The consolidated financial statements have been prepared on the accrual basis of accounting which recognizes income when earned and expenses when incurred.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of (1) assets and liabilities and the disclosure of contingent assets and liabilities as of the date of the financial statements, and (2) revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Reclassifications

Certain amounts reported in the prior year have been reclassified to conform to the currrent year presentation.

#### Cash and Cash Equivalents

The Organization considers cash and cash equivalents to include cash in checking, savings accounts and money market accounts and all highly liquid investments purchased with a maturity of three months or less.

#### **Summary of Significant Accounting Policies**

#### Cash and Cash Equivalents (continued)

The Organization maintains cash balances with multiple commercial banks and money market funds at multiple banks, credit unions and brokerage firms. The cash accounts and money market accounts at the commercial banks are insured by the Federal Deposit Insurance Corporation (FDIC) up to a maximum of \$250,000. Money market funds held at credit unions are insured by the National Credit Union Administration (NCUA), a U.S. Government Agency up to a maximum of \$250,000. Money market accounts held by brokerage firms are not insured by the FDIC. At various times throughout the years ended September 30, 2018 and 2017, the Organization's balance has exceeded the federally-insured limit. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash. As of September 30, 2018 and 2017, there was an uninsured cash and cash equivalents balance of \$353,643 and \$1,212,738, respectively. In November 2017, the Organization invested \$800,000 of its cash and cash equivalents in four certificate of deposits reducing the balance that had exceeded the federally-insured limit.

#### Certificates of Deposit

Certificates of deposit totaling \$1,237,240 and \$529,017 are included in investments at September 30, 2018 and 2017, respectively. The certificates bear annual interest rates ranging from .15% to 2.30% and have maturities ranging from four months to eighteen months from the purchase or renewal date.

#### **Investments**

Investments are presented in the consolidated financial statements at fair value in accordance with accounting principles generally accepted in the United States of America. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheet.

#### **Summary of Significant Accounting Policies**

#### Accounts Receivable

Accounts receivable, trade are stated at invoice amounts and collateral is not required. An allowance for doubtful accounts is established based on a specific assessment of all invoices that remain unpaid following normal payment periods. All amounts deemed uncollectible are charged against the allowance for doubtful accounts in the period that determination is made. The allowance for doubtful accounts was approximately \$31,000 as of September 30, 2018 and 2017, respectively.

#### **Inventory**

Inventory consists of investment software, books, and publications for sale to members recorded at the lower of cost or market determination using the first-in, first-out (FIFO) method of valuation.

#### Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation and amortization, computed on the straight-line method. Major renewals and betterments are capitalized and depreciated; repairs and maintenance that do not improve or extend the life of the respective assets are charged to expense as incurred. Assets purchased but not placed in service are capitalized and depreciation is not recognized until the asset is placed in service. Upon disposal of assets, the cost and related accumulated depreciation are removed from the accounts, and any gain or loss is included in income. Property and equipment are depreciated over their estimated useful lives as follows:

Computer Equipment and Software 3 - 10 Years Furniture and Fixtures 3 - 10 Years

Depreciation and amortization on property and equipment on the consolidated statements of activities and changes in net assets totaled \$59,020 and \$60,847 for the years ended September 30, 2018 and 2017, respectively.

Long-lived assets held and used by the Organization are reviewed for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. In the event that facts and circumstances indicate the cost of any long-lived assets may be impaired, an evaluation of recoverability would be performed.

#### **Summary of Significant Accounting Policies**

#### Computer Software

The Organization has capitalized certain computer software development costs upon the establishment of technological feasibility. Technological feasibility of a computer software product is established when the Organization has completed all planning, designing, coding, and testing activities that are necessary to establish that the product can be produced to meet its design specification including functions, features, and technical performance requirements. The products were available for sale in beginning in October 2013.

Capitalized software costs will be amortized on a product-by-product basis. The annual amortization shall be the greater of the amount computed using (a) the ratio that current gross revenues for a product bear to the total of current and anticipated future gross revenues for that product or (b) the straight-line method over the remaining estimated economic life of the product including the period being reported on. Amortization shall start when the product is available for general release to customers. Total amortization expense for these capitalized software costs for the years ended September 30, 2018 and 2017 totaled \$44,808.

# Goodwill Intangible Assets

The Organization's goodwill represents the amount by which the total purchase price paid exceeded the estimated fair value of assets acquired for ICLUB, Inc. See Note 5 for additional information regarding the purchase of ICLUB, Inc.

The Organization evaluates the recoverability of goodwill and other intangible assets not subject to amortization on an annual basis or in certain circumstances as required under Accounting Standards Codification ("ASC") 350 "Intangibles - Goodwill and Other". The recoverability of intangible assets subject to amortization is evaluated whenever events or changes in circumstances indicate that the carrying value of the assets may be impaired.

Intangible assets subject to amortization include a non-compete agreement, customer lists, domain names, and purchased software and are amortized over their useful lives of ten years using the straight-line method.

#### **Summary of Significant Accounting Policies**

#### Net Asset Classes

Net assets and revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets are classified and reported as follows:

#### **Unrestricted Net Assets**

Net assets that are not subject to donor-imposed stipulations.

#### **Temporarily Restricted Net Assets**

Net assets that are subject to donor-imposed stipulations that will be met either by actions of the Organization and/or the passage of time.

#### **Permanently Restricted Net Assets**

Net assets that are subject to donor-imposed restrictions that require the Organization to maintain them permanently. The Organization did not have any permanently restricted net assets at September 30, 2018 and 2017.

#### **Contributions**

Contributions of cash and other assets, including unconditional promises to give in the future, are reported as revenue when received and are measured at fair value. Contributions without donor-imposed restrictions and contributions with donor-imposed time or purpose restrictions that are met in the same period as the gift are both reported as unrestricted support. Other restricted gifts are reported as restricted support and temporarily or permanently restricted net assets.

#### Revenue Recognition

Membership dues and publication subscriptions are deferred and recognized ratably over the applicable term. Advertising revenue is recognized at the time of publication. Sales revenue is recognized at the time of shipment to members.

#### Advertising and Promotion Costs

Advertising and promotion costs are charged to operations when incurred. Advertising and promotion expense for fiscal years 2018 and 2017 totaled \$86,604 and \$75,772, respectively.

#### Federal Income Taxes

NAIC is a tax-exempt organization; however, federal taxes are payable on its unrelated business income, comprised solely of advertising income net of direct advertising expenses. NAIC's wholly owned subsidiary, ICLUB, is a for-profit entity and subject to income taxes.

#### **Notes to Consolidated Financial Statements**

#### 1. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

#### **Level 1 Fair Value Measurements**

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

U.S. Government and Municipal Securities and Common Stock

Valued at the closing price reported in the active market in which the individual securities are traded.

Mutual Funds

Valued using the Net Asset Value (NAV) of shares held by the Fund at year-end. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is quoted in an active market.

#### **Level 2 Fair Value Measurements**

Inputs for the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

#### **Notes to Consolidated Financial Statements**

# 1. Fair Value Measurements

#### **Level 2 Fair Value Measurements - (continued)**

(continued)

Certificate of Deposits

Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

#### **Level 3 Fair Value Measurements**

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. NAIC's assessment of the significant particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Realized and unrealized gains and losses from these assets are reported on the Consolidated Statements of Activities as they occur.

There have been no changes in the methodologies used at September 30, 2018 and 2017.

#### **Notes to Consolidated Financial Statements**

#### 2. Investments

The tables below segregate all assets as of September 30, 2018 and 2017 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on the inputs used to determine the fair value at the measurement date:

			(	Quoted Prices	Significant	
				in Active	Other	Significant
				Markets for	Observable	Unobservable
			Ide	entical Assets	Inputs	Inputs
Description		9/30/2018		(Level 1)	(Level 2)	(Level 3)
:						
Certificate of Deposits	\$	1,237,240	\$		\$ 1,237,240	\$ 5945
Mutual Funds		137,015		137,015	*	(⊕:
Common Stock		8,201		8,201	9	72
/						
Total	\$	1,382,456	\$	145,216	\$ 1,237,240	\$ - 4
			(	Quoted Prices	Significant	
				in Active	Other	Significant
				Markets for	Observable	Unobservable
			Id	entical Assets	Inputs	Inputs
Description		9/30/2017		(Level 1)	(Level 2)	(Level 3)
Certificate of Deposits	\$	529,017	\$	•	\$ 529,017	\$ •
Mutual Funds		136,993		136,993	120	#
Mutual Fullus				E 001		-
Common Stock		5,001		5,001		
	_	5,001		5,001		

#### **Notes to Consolidated Financial Statements**

## 3. Intangible Assets

The Organization has evaluated its intangible assets subject to amortization for impairment and determined no impairment charge was necessary for the years ended September 30, 2018 and 2017.

Intangible assets are comprised of the following:

September 30,	 2018	2017
Non-Compete Agreement	\$ 5,000	\$ 5,000
Accumulated Amortization	(4,667)	(4,165)
Balance, Net	\$ 333	\$ 835
_		
Customer List	\$ 6,600	\$ 6,600
_Accumulated Amortization	(6,160)	(5,500)
Balance, Net	\$ 440	\$ 1,100
Domain Names	\$ 276,000	\$ 276,000
Accumulated Amortization	(257,600)	(230,000)
Balance, Net	\$ 18,400	\$ 46,000
Purchased Software	\$ 796,893	\$ 796,893
Accumulated Amortization	(743,759)	(664,063)
Balance, Net	\$ 53,134	\$ 132,830
Total Intangibles, Net	\$ 72,307	\$ 180,765

Amortization expense for intangible assets for the years ended September 30, 2018 and 2017 was \$108,458.

#### **Notes to Consolidated Financial Statements**

3.	Intangible Assets	Amortization expense over the remaining lives are as follows:	
	(continued)		2019
		Non-Compete Agreement	\$ 333
		Customer List	440
		Domain Names	18,400
		Purchased Software	53,134
		Total	\$ 72,307

#### 4. Goodwill

The Organization tests goodwill for impairment under a two-step approach. The first step of the goodwill impairment test compares the fair value of the Organization with its carrying amount, including goodwill. If the carrying amount exceeds its fair value, the second step of the goodwill impairment test is performed to measure the amount of the impairment loss. This is determined by comparing the implied fair value of the Organization's goodwill with the carrying amount of that goodwill. If the carrying amount of the goodwill exceeds the implied fair value of that goodwill, the Organization recognizes an impairment loss as an expense. The impairment loss recognized for the years ended September 30, 2018 and 2017 was \$234,751 and \$843,284, respectively.

September 30,	2018	2017
Goodwill	<b>\$ 4,486,826</b>	\$ 4,486,826
Accumulated Amortization	(598,243)	(598,243)
Accumulated Fair Market Adjustment	(1,116,509)	(1,116,509)
Accumulated Impairment Loss	(1,097,067)	(883,725)
Balance, Net	\$ 1,675,007	\$ 1,888,349

#### **Notes to Consolidated Financial Statements**

#### 5. Merger and Merger Earn-Out Liability

On June 1, 2009, NAIC's wholly owned subsidiary, ICCI Merger Sub, Inc., merged with and into ICLUBcentral, Inc., a Delaware corporation engaged in the development and marketing of investment and accounting products. The articles of incorporation and by-laws of ICLUBcentral, Inc. were amended and restated to read the same as ICCI Merger Sub, Inc.'s immediately prior to the merger, except the name of the surviving corporation is ICLUBcentral, Inc. The preferred and common stock in ICLUBcentral, Inc. was converted into rights to receive "merger consideration" of \$5,230,913, consisting of closing payments of \$400,000 and earn-out payments estimated at \$4,830,913 (9.55 percent of combined adjusted net revenues (CANR) for 10 years). If CANR is less than the CANR for the previous year, then NAIC will owe the excess, if any, of 5 percent of combined unadjusted gross revenues over 9.55 percent of CANR.

On a yearly basis, management will re-assess its "merger earn-out payment" liability by estimating the future revenue stream (as defined in the original agreement) over the remaining payment period.

Below is a summary of the required payments and contingent consideration adjustment since inception.

	Cash Payments	Contingent Consideration Adjustment	Cumulative Balance
Initial Purchase	\$	\$ -	\$ 4,830,913
FY 2010 Activity	(602,738)		4,228,175
FY 2011 Activity	(444,670)	(540,661)	3,242,844
FY 2012 Activity	(402,508)	(236,184)	2,604,152
FY 2013 Activity	(385,908)		2,218,244
FY 2014 Activity	(357,367)	(275,247)	1,585,630
FY 2015 Activity	(349,668)	7,666	1,243,628
FY 2016 Activity	(333,731)	(36,915)	872,982
FY 2017 Activity	(321,100)	(27,502)	524,380
FY 2018 Activity	(305,000)	21,309	240,689

The outstanding balance under the merger earn-out agreement is \$240,689 and \$524,380 at September 30, 2018 and 2017, respectively.

#### **Notes to Consolidated Financial Statements**

240,689

\$

5. Merger and Merger Earn-Out Liability (continued) The estimated future payments under the merger earn-out agreement at September 30, 2018 is as follows:

it Liability

2019

6. Temporarily Restricted Net Assets Temporarily restricted net assets consist of the following:

September 30,	2018		2017
ANVOE O	+ 50,000	4	F0 000
NYSE Grant	<b>\$ 50,000</b>	\$	50,000
FINRA Grant	11,484		11,484
Education Fund	100		100
Building Wealth Fund	150		150
<del></del>			
Total	\$ 61,734	\$	61,734

#### 7. Income Taxes

NAIC was granted exemption from income taxes under Section 501(a), as described in Section 501(c)(3) of the Internal Revenue Code, effective May 20, 1998, with retroactive application under Section 501(c)(4) to inception.

ICLUB, a wholly owned subsidiary C Corporation, is subject to federal and state income taxes. The Organization determines its income tax provision using the tax asset and liability method. Under this method, deferred tax assets and liabilities are recognized for the expected future tax consequences of temporary differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax basis. The Organization also recognizes future tax benefits associated with tax loss and credit carryforwards as deferred tax assets. The Organization's tax assets are reduced by a valuation allowance when, in the opinion of management, it is more likely than not that some portion or all of the deferred tax assets will not be realized.

#### **Notes to Consolidated Financial Statements**

# 7. Income Taxes (continued)

The Organization measures deferred assets and liabilities using enacted tax rates in effect for the year in which the Organization expects to recover or settle the temporary differences. The effect of a change in tax rates on deferred taxes is recognized in the period that the change is enacted. The Organization reduces net tax assets for the estimated additional tax and interest that may result from tax authorities disputing uncertain tax positions the Company has taken.

In accordance with the provisions of ASC Topic 740, *Income Taxes*, the Organization analyzed its filing positions in the federal and state jurisdictions where it is required to file income tax returns, as well as all open tax years in the jurisdictions. The Organization has also elected to retain its existing accounting policy with respect to the treatment of interest and penalties attributable to income taxes, and continues to reflect any changes for such, to the extent they arise, as a component of its income tax expense.

The Organization has also evaluated the provisions of ASC 740, *Accounting for Uncertainty in Income Taxes*, and concluded that there are no significant uncertain tax positions requiring recognition in the Organization's financial statements. The evaluation was performed for the fiscal years 2014 through 2017, the years which remain subject to examination by major tax jurisdictions as of September 30, 2018. The Organization does not expect the total amount of unrecognized tax benefits ("UTB") (e.g., tax deductions, exclusions, or credits claimed or expected to be claimed) to significantly increase in the next 12 months. The Organization does not have any amounts accrued for interest and penalties related to UTBs at September 30, 2018 and 2017, and is not aware of any claims for such amounts by federal or state income tax authorities.

#### **Notes to Consolidated Financial Statements**

7.	<b>Income Taxes</b>
	(continued)

The provision for federal and state income taxes for the years ended September 30, 2018 and 2017 are as follows:

Year Ended September 30,	2018	2017
Current Federal Income Tax Expense	\$ 12,525	\$ 15,269
Deferred Federal Income Tax Benefit	(224,056)	(222,206)
Increase in Tax Valuation Allowance	222,295	220,836
Total Federal Income Tax Expense	10,764	13,899
State Income Tax	1,799	443
Total Provision for Income Taxes	<b>\$ 12,563</b>	\$ 14,342

The components of deferred income taxes as of September 30, 2018 and 2017 are as follows:

Year Ended September 30,		2018	2017
Deferred Tax Assets Relating to Timing Difference Arising From	erenc	es	
Vacation Accrual	\$	3,084	\$ 3,071
Impairment of Goodwill		222,295	220,836
Less Valuation Allowance		(222,295)	(220,836)
Total Deferred Tax Assets		3,084	3,071
Deferred Tax Liabilities Fixed Assets		(1,323)	(1,701)
Net Deferred Tax Asset	\$	1,761	\$ 1,370

A valuation allowance was recorded in the financial statements at September 30, 2018 and 2017. The Organization has no intention of selling ICLUBcentral, Inc. and therefore, the deferred tax asset will not be realized in the foreseeable future.

#### **Notes to Consolidated Financial Statements**

#### 8. Employee Benefit Plan

NAIC has an employee 401(k) salary deferral plan. All employees who have completed six months of service are eligible to participate in the plan. NAIC matches 25% of a participant's elective deferral up to a maximum of 6% of gross pay. Maximum contributions are also limited by the Internal Revenue Service regulations. NAIC made contributions of approximately \$16,000 and \$15,000 to the plan for the years ended September 30, 2018 and 2017.

## 9. Lease Commitments

The Organization leases office space under a five year lease agreement that expires January 31, 2021. The Organization is required to pay electricity charges in addition to rent per the lease agreement. Total rent and electricity expense for the years ended September 30, 2018 and 2017 totaled \$64,395. The Organization also leases office equipment that expires between October 2021 and August 2022. Total office equipment rent expense for the years ended September 30, 2018 and 2017 totaled approximately \$5,000 and \$3,600, respectively. Estimated future minimum rental payments under the lease agreements are as follows:

#### Years Ending September 30,

2019	69,000
2020	69,000
2021	24,000
2022	 1,900
<u></u>	\$ 163,900

#### 10. Shared Services Agreement

NAIC and ICLUB signed a shared services agreement effective through May 31, 2014, and exercised its automatic renewal extension through May 31, 2019, which allows for allocation of shared costs between entities. Total shared costs for the period ending September 30, 2018 and 2017 was \$211,761 and \$206,797, respectively. The effects of these transactions have been eliminated on the consolidated financial statements.

#### **Notes to Consolidated Financial Statements**

11. Supplemental	Year Ended September 30,		2018		2017
Cash Flow Information	Cash Paid For Taxes	\$	23,133	\$	4,631
12. Subsequent Events	The Organization has evaluated subseq 2019, the date the financial statements has determined that there are no additequired.	were	available to	be is	ssued and

# **Supplemental Material**



#### **Independent Auditor's Report on Consolidating Information**

To the Board of Directors
National Association of Investors Corporation

We have audited the consolidated financial statements of National Association of Investors Corporation and Subsidiary as of and for the years ended September 30, 2018 and 2017, and have issued our report thereon dated February 5, 2019 which expressed an unmodified opinion on those consolidated financial statements, appears on page 3. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information presented on pages 27 - 33 is presented for the purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies, and it is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

Certified Public Accountants

Troy, Michigan February 5, 2019

		IC	CLUBcentral,			
	NAIC		Inc.	Eliminations	Conso	lidated
Assets						
Current Assets						
Cash and cash equivalents						
Home office	\$ 547,751	\$	585,020	\$ =	\$ 1,13	32,77
Chapters	465,501		=	12	40	65,501
Accounts receivable						
Trade, net	18,222		-	2	:	18,222
Related party	64,856		E.	(64,856)		17
Investments						
Home office	401,562		799,288	12	1,20	00,850
Chapters	173,405		100	2	17	73,405
Inventory	22,253		2,296	2	:	24,549
Prepaid expenses	55,431		20,992	2	7	76,423
Refundable income taxes	5,029		9,019	<u> </u>		14,048
Total Current Assets	1,754,010		1,416,615	(64,856)	3,10	05,769
Property and Equipment						
Computer equipment and software	3,190,133		54,338	2	3 24	44,471
Furniture and fixtures	331,858		600	2	•	32,458
To the same that	331/030					12, 130
	3,521,991		54,938	2	3.5	76,929
Less accumulated depreciation	3,286,449		48,636			35,085
Net Property and Equipment	235,542		6,302		24	41,844
Ohless	<del>-</del>					
Other Investments	0.201					0.201
Deferred tax asset	8,201		1.761	iii.		8,201
Investment in subsidiary	2 612 060		1,761	5 (2.612.860)		1,761
Intangible assets, net	2,613,869		72.207	(2,613,869)		: - 20 - 20 -
Goodwill, net	177		72,307	5		72,307
Goodwiii, Het			1,675,007		1,6,	75,007
Total Other Assets	2,622,070		1,749,075	(2,613,869)	1,7	57,276
	\$ 4,611,622	\$	3,171,992	\$ (2,678,725)	\$ 5.10	04,889

#### Consolidating Balance Sheet September 30, 2018

		ICLUBce	ntral,				
	NAIC		Inc.	Eliminatio	ons	C	onsolidated
Liabilities and Net Assets							
Current Liabilities							
Accounts payable							
Trade	\$ 124,852	\$ 1	3,460	\$	32	\$	138,317
Related party	43,048	2	1,808	(64,8	356)		
Accrued payroll and related benefits	138,893	2	9,964		32		168,85
Accrued expenses	699	1	9,523		32		20,22
Current portion of merger earn-out payment	240,689		2		-		240,689
Deferred revenue, current portion	983,214	33	0,321		2		1,313,53
Total Current Liabilities	1,531,395	41	5,076	(64,8	356)		1,881,61
Long-Term Liabilities							
Deferred revenue, net of current portion	244,233	14	3,047		121		387,28
Total Liabilities	1,775,628	55	8,123	(64,8	356)		2,268,89
Net Assets							
Retained earnings	72	2.61	3,869	(2,613,8	369)		
Unrestricted	2,774,260	_,0_	د. د	(2/020/0	(a)		2,774,26
Temporarily restricted	61,734		2		-		61,73
Tomporarily Toolineed	02,701						
Total Net Assets	2,835,994	2,61	3,869	(2,613,8	369)		2,835,99

\$ 4,611,622 \$ 3,171,992 \$ (2,678,725) \$ 5,104,889

See Independent Auditor's Report on Supplemental Material.

		IC	LUBcentral,		
	NAIC		Inc.	Eliminations	Consolidated
Assets					
Current Assets					
Cash and cash equivalents					
Home office	\$ 676,951	\$	1,352,246	\$	\$ 2,029,197
Chapters	487,954		-	· ·	487,954
Accounts receivable					
Trade, net	23,647		1	2	23,647
Related party	39,032		120	(39,032)	
Investments					
Home office	501,742		723	2	501,742
Chapters	164,268		120	<u> </u>	164,268
Inventory	27,288		3,356	<u> </u>	30,644
Prepaid expenses	44,262		12,998	ž.	57,260
Refundable income taxes			8,392	ĕ	8,392
					-,
Total Current Assets	1,965,144		1,376,992	(39,032)	3,303,104
Property and Equipment					
Computer equipment and software	3,057,941		53,144		3,111,085
Furniture and fixtures	345,195		600		345,795
ramitare and fixtures	313,133		000	5	J7J,/ 3.
	3,403,136		53,744	70	3,456,880
Less accumulated depreciation	 3,247,274		42,406		3,289,680
Net Property and Equipment	155,862		11,338		167,200
Other					
Investments	5,001				5,001
Deferred tax asset	3,001		1,370		1,370
Investment in subsidiary	2,859,505		1,370	(2,859,505)	1,370
Intangible assets, net	2,039,303		180,765	(2,039,303)	100 76
Goodwill, net			1,888,349		180,765 1,888,349
Goodwill, Het	 <u>5₹</u> 6	_	1,000,349		1,000,345
Total Other Assets	2,864,506		2,070,484	(2,859,505)	2,075,485

# Consolidating Balance Sheet September 30, 2017

¥ -						
		IC	CLUBcentral,			
	NAIC		Inc.	Eliminations	C	onsolidate
Liabilities and Net Assets						
Current Liabilities						
Accounts payable						
Trade	\$ 98,888	\$	14,724	\$ 淫	\$	113,61
Related party	11,127		27,905	(39,032)		
Accrued payroll and related benefits	133,391		31,864	ఆ		165,25
Accrued expenses	836		20,088	9		20,92
Federal income taxes payable	4,337		42	9		4,33
Current portion of merger earn-out payment	299,340					299,34
Deferred revenue, current portion	1,044,090		358,773	- 4		1,402,86
Total Current Liabilities	1,592,009		453,354	(39,032)		2,006,33
<b>Long-Term Liabilities</b> Merger earn-out payment, net of current portion	225,040		Ę	41		225,04
Deferred revenue, net of current portion	 282,681		145,955	26		428,63
Total Long-Term Liabilities	507,721		145,955	9		653,67
Total Liabilities	2,099,730		599,309	(39,032)		2,660,00
Not Accepte						
Net Assets  Retained earnings			2,859,505	(2,859,505)		
Retained earnings Unrestricted	2,824,048		2,035,303	(2,039,303)		2,824,04
	2,824,0 <del>4</del> 8 61,734		2			61,73
Temporarily restricted	01,734					01,7

\$ 4,985,512 \$ 3,458,814 \$ (2,898,537) \$ 5,545,789

See Independent Auditor's Report on Supplemental Material.

#### **Consolidating Statement of Activities and Changes in Net Assets** Year Ended September 30, 2018

		ICLUBcentral,		
	NAIC	Inc.	Eliminations	Consolidated
Income				
Sales				
Software sales	\$ 219,911 \$	903,590	\$ (219,884)	\$ 903,617
Publication, book and other sales	5,326	226,975	-	232,30
National convention and other conference sales	211,023	=	ē.	211,023
Chapter program sales	62,105	5.	*	62,10
Other sales	63,866			63,860
Total Sales	562,231	1,130,565	(219,884)	1,472,917
Dues	4 404 507			
Club membership dues	1,101,537	-	-	1,101,537
Individual membership dues	619,175	-	-	619,175
Online premium service membership dues	353,596	-	-	353,596
Corporate membership dues Total Dues	63,950 2,138,258		×	63,950 2,138,258
Other	2,130,230			2,130,230
Subscriptions and advertising	32,505	_	_	32,505
Investment income	15,193	6,290	_	21,483
Contributions	3,699	-	-	3,699
Royalty income	2,242	-	-	2,242
Realized and unrealized loss on investments	, 275	(712)	-	(437
Shared services income	211,761	-	(211,761)	`
Gain on sale of fixed assets		5	=	9
Loss from subsidiary	(267,045)	_	267,045	
Total Other	(1,370)	5,578	55,284	59,492
Total Income	2,699,119	1,136,143	(164,600)	3,670,662
Expenses				
Operating expenses	2,737,125	1,167,656	(431,645)	3,473,136
Goodwill impairment loss	2,707,7223	234,751	(102/010)	234,751
Total Expenses	2,737,125	1,402,407	(431,645)	3,707,887
Loss Before Provision for Income Taxes	(38,006)	(266,264)	267,045	(37,225
	(30,000)	(200,201)	207,013	(37,223
Provision (Benefit) for Income Taxes Federal	11,782	(1,018)		10.76
State	11,762	1,799	=	10,764 1,799
Total Provision for Income Taxes	11,782	781	=	12,563
Change in Net Assets	(49,788)	(267,045)	267,045	(49,788
Net Assets, beginning of year	2,885,782	2,859,505	(2,859,505)	2,885,782
Less: Fair Market Value Adjustment		21,409	(21,409)	=
Net Assets, end of year	\$ 2,835,994 \$	2,613,869	\$ (2,613,869)	¢ 2 835 994

#### Consolidating Statement of Activities and Changes in Net Assets Year Ended September 30, 2017

		ICLUBcentral,		
G .	NAIC	Inc.	Eliminations	Consolidated
Income				
Sales				
Software sales	\$ 237,282	\$ 957,399	\$ (237,272)	\$ 957,409
Publication, book and other sales	7,167	219,132	-	226,299
National convention and other conference sales	200,658		S <del>=</del> 1	200,658
Chapter program sales	67,738	(4)	\exis	67,738
Other sales	65,019	(#)	\ <del>e</del> :	65,019
Total Sales	577,864	1,176,531	(237,272)	1,517,123
Dues				
Club membership dues	1,177,810	-	-	1,177,810
Individual membership dues	625,690	-	-	625,690
Online premium service membership dues	355,504	-	_	355,504
Corporate membership dues	75,855	340	25	75,855
Total Dues	2,234,859	<del>-</del>		2,234,859
Other				
Subscriptions and advertising	43,682	~	953	43,682
Investment income	6,424	120	U.S.	6,424
Contributions	2,698	=70	(5)	2,698
Royalty income	681	:50	0.50	681
Realized and unrealized loss on investments	(2,531)	<b>.</b> 70	(1)	(2,531)
Shared services income	206,797	450	(206,797)	=
Gain on sale of fixed assets	261	100	7.54	261
Loss from subsidiary	(851,157)		851,157	
Total Other	(593,145)		644,360	51,215
Total Income	2,219,578	1,176,531	407,088	3,803,197
Expenses				
Operating expenses	2,847,404	1,186,997	(444,069)	3,590,332
Goodwill impairment loss	旦	843,284	7=	843,284
Total Expenses	2 947 404		(444,069)	4,433,616
Total Expenses	2,847,404	2,030,281	(+++,005)	7,733,010
Income Before Provision (Benefit) for Income Taxes	(627,826)	(853,750)	851,157	(630,419)
Provision for Income Taxes				
Federal	16,935	(3,036)	55	13,899
State	*	443		443
Total Provision (Benefit) for Income Taxes	16,935	(2,593)	¥	14,342
Change in Net Assets	(644,761)		851,157	(644,761
Net Assets, beginning of year	3,530,543	3,738,164	(3,738,164)	3,530,543
Less: Fair Market Value Adjustment	2	(27,502)	27,502	-
Net Assets, end of year	# 7 POE 707			¢ 2 005 702
rec naacta, chu or year	\$ 2,885,782	\$ 2,859,505	\$ (2,859,505)	\$ 2,885,782

# Consolidating Schedules of Operating Expenses

	50		rear Ended Sk	Year Ended September 30, 2018	2018			Year Ended Se	Year Ended September 30, 2017	
			ICLUBcentral,					ICLUBcentral,		1
		NAIC	Inc.	c. Eliminations	ions	Consolidated	NAIC	Inc.	Eliminations	Consolidated
Operating Expenses										
Salaries	₩	1,247,604 \$	272,165	5 4÷	•	1,519,769	\$1,260,336 \$	272,392	\$ .	1,532,728
Employee benefits		103,372	39,346	9	()	142,718	127,286	38,138	30	165,424
Printing and publications		160,818	86,394	4	×	247,212	173,496	86,333	×	259,829
Postage and shipping		126,868	6,137	7	•))	133,005	136,757	5,965		142,722
Software		57,283	6,212	2	٠	63,495	26,000	5,694	XC	61,694
Depreciation and amortization		52,789	114,689	6	è	167,478	52,805	113,500	3 <b>1</b> C	169,305
Professional fees		28,244	254,129		(219,884)	62,489	60,073	270,306	(237,272)	93,107
401(k) contributions		13,421		*	ĕ	13,421	13,392		(*)	13,392
Advertising and promotion		62,304	24,500	0	8	86,804	44,272	31,500		75,772
Dues and subscriptions		6,571		(46)	1	6,571	5,651	8	•6	5,651
Course materials/educational programs		31,366		9	ğ	31,366	41,197	•	2000	41,197
Office supplies		22,878	240	0	ě	23,118	20,549	1,020	01	21,569
Telecom licensing fees		17,349		Œ	Ä	17,349	16,817	*		16,817
Software licensing fees		15,789		к:	í	15,789	16,805	*	•	16,805
Contract services		89,539		40	Ü	89,539	117,944	•)		117,944
Trave		24,647	31,576	9	٠	56,223	29,457	34,739	{( <b>0</b> (0)	64,196
- Taxes										
Payroll		102,754	20,916	9	â	123,670	105,353	20,775	20	126,128
Property		1,634		*	ŝ	1,634	2,148		(M)	2,148
Other		7,160	181	1	Ė	7,341	6,828	1,042	٠	7,870
Insurance		58,742			120	58,742	57,252	9	(0)	57,252
Board expenses		36,819	4,250	0	û	41,069	36,150	4,250	(00)	40,400
National convention and										
other conferences		264,311	4,992	2	ě	269,303	254,858	1,957	X	256,815
Occupancy		90,917	58,526	9	*	149,443	92,513	58,698	r	151,211
Bond premium resale		32,866		10	ë	32,866	34,816	•	•0	34,816
Shared services			211,761		(211,761)	1193	:(*)	206,797	(206,797)	
Bank and credit card fees		51,840	28,600	0	1	80,440	58,859	30,669	9	89,528
Bad debts		217	198	80	ě	415	1,811	))	3	1,811
Other		29,023	2,844	4	ï	31,867	20,979	3,222	90	24,201
Total	₩.	2,737,125 \$	1,167,656	6 \$ (431,645)	,645) \$	3,473,136	\$ 2,847,404 \$	1,186,997	\$ (444,069) \$	3,590,332
							See Independ	tent Auditor's ƙ	See Independent Auditor's Report on Supplemental Material	ental Material.

	4		

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)

2017

Dep	artment or mai Rever	f the Treasur nue Service	Do not enter social security numbers on this form  Go to www.irs.gov/Form990 for instructions ar				Open to Public Inspection
A	For th	e 2017 ca	alendar year, or tax year beginning10/01/17, and ending 0				pagailon
В	Check if a		C Name of organization NATIONAL ASSOCIATION OF INVE			D Employe	er identification number
	Address of	change	CORPORATION				
$\Box$	Name cha	anne L	Doing business as BETTERINVESTING			38-2	111435
Ξ			Number and street (or P.O. box if mail is not delivered to street address) 711 W. THIRTEEN MILE ROAD		Room/suite	E Telephor	
$\overline{}$	Initial retu	-	City or town, state or province, country, and ZIP or foreign postal code			248-	583-6242
	terminated		VODES REMINED VODES CARREST AND A STATE OF THE PARTY OF T				0 600 044
	Amended	relum F	MADISON HEIGHTS MI 48071  Name and address of principal officer:			G Gross rec	ceipts 2,698,844
	Application	n pending	KATHLEEN ZARACKI		H(m) Is this a gro	up return for	subordinales Yes X No
_		,	711 W. THRITEEN MILE RD		H(b) Are all subo	rdinatas inc	duded? Yes No
		- 1					(see instructions)
	·	mpt status;		Y	- " " " " " " " " " " " " " " " " " " "	altacii a iist	(age itlandenous)
-	Website:		X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or WW. BETTERINVESTING. ORG	527	-		_ K0
-				- 1	H(c) Group exer		
	Part I	-	X  Corporation   Trust   Association   Other ▶	IL Y	ear of formation: 19	151	M State of legal domicile: MI
-	7		scribe the organization's mission or most significant activities:				
ø	' '		RAM OF SOUND INVESTMENT INFORMATION, EDUCA	mron.			
2	100			TION, A	AND SUPPOR	CT THA	AT HELPS
Ē		CREAT	TE SUCCESSFUL LIFETIME INVESTORS.		*********		
Ve							
Activities & Governance	2 0	Check this	s box I if the organization discontinued its operations or disposed o	of more than	25% of its net	assets.	MI SES
ಳ	3 1	Number of	f voting members of the governing body (Part VI, line 1a)			3	9
ţį	4 N	Number of	findependent voting members of the governing body (Part VI, line 1b)			. 4	8
Ξ	5 T	otal numl	ber of individuals employed in calendar year 2017 (Part V, line 2a)			5	20
AC	6 T	Fotal numi	ber of volunteers (estimate if necessary)			6	655
	7aT	otal unre	lated business revenue from Part VIII, column (C), line 12			7a	437,430
	bΛ	Vet unrela	sted business taxable income from Form 990-T, line 34			. 7b	64,962
					Prior Year		Current Year
e	8 0	Contributio	ons and grants (Part VIII, line 1h)			, 698	3,699
Revenue	9 8	rogram s	service revenue (Part VIII, line 2g)		1,552		2,044,862
ě	10 fr	nvestmen	t income (Part VIII, column (A), lines 3, 4, and 7d)		4	, 639	15,193
	11 C	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		660	,191	635,090
_	12 T	otal reve	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,220	,063	2,698,844
	13 G	Grants and	d similar amounts paid (Part IX, column (A), lines 1–3)				0
	14 B	Benefits pa	aid to or for members (Part IX, column (A), line 4)				0
S	15 S	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10	) [	1,506	,367	1,467,151
S			nal fundraising fees (Part IX, column (A), line 11e)				0
Expenses			raising expenses (Part IX, column (D), line 25) ▶	0			
ω	17 C	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	********	1,357	,972	1,281,756
	18 T	otal expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,864		2,748,907
	19 R	Revenue le	ess expenses. Subtract line 18 from line 12	2000000000	-644	.276	-50,063
sets or				A. A. HINDOWS	Beginning of Curr	ent Year	End of Year
sset		otal asset	ts (Part X, line 16)		4,985		4,611,622
¥ 2		014, 100111		ASSTRUCTURE L	2,099		1,775,628
žī			or fund balances. Subtract line 21 from line 20		2,885	,782	2,835,994
_ <u>P</u>	art II	Sigi	nature Block				
Ur	nder pen	alties of pr	erjury, Lateclare that have examined this return, including accompanying sched	dules and sta	itements, and to t	he best of	my knowledge and belief, it i
tru	ie, corre	ict, and cor	mplete. Declaration of preparer (other than officer) is based on all information of	f which prepa	irer has any know	vledge.	
		\ _	Here M. Xverk			1	14/02/9
Sig	jn	Sign	nature of officer			Date	
He	re	1	KATHLEEN ZARACKI ()	CEO			
		Тур	e or print name and title				·
		Print/Type p	preparer's name Preparer's signature	le:	Date	Check	if PTIN
Paid	d	JEFFREY	s. MARTIN, CPA CELLOW, 5. M.	iantim, CPF	05/16/	19 self-en	L1"
Pre	parer	Firm's name				m's EIN	38-3269666
Use	Only		2150 BUTTERFIELD, SUITE 210		ru.	a cart F	22 320000
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May	the IR		this return with the preparer shown above? (see instructions)		IPN	one no.	
			ction Act Notice, see the separate instructions.	**********	WALEST TAXABLE		Yes No Form 990 (2017)
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				which were not listed on t	
prior Form 990 or s	hese new services on t	Schodulo O			Yes A No
	on cease conducting, or		hanges in how it co	ducts any program	
		_	•	accia, any program	Yes X No
	hese changes on Sche			*****************************	
Describe the organ	nization's program serv	ice accomplishmer	its for each of its thr	ee largest program servic	es, as measured by
expenses. Section	501(c)(3) and 501(c)(4	) organizations are	required to report t	he amount of grants and a	allocations to others,
the total expenses,	, and revenue, if any, fo	or each program se	ervice reported.		
(Codo:	(Expenses \$ 2,	332 498 in	cluding grapts of		(Revenue \$ )
HE NAIC E	DUCATIONAL I	MISSION IS	TWO-FOLD	. FIRST, WE	INTRODUCE INDIVIDUA
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## Form 990 (2017) NATIONAL ASSOCIATION OF INVESTORS 38-2111435

Part IV Checklist of Required Schedules

Page 3

			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		x	
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	1	_	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ť		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	X	
D	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	<u>X</u>	_
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		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		2.2
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X	
'	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	l		**
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	116		X
120	Schedule D, Parts XI and XII	40.		v
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	-	X
•	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	406		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	_	x
	Did the aggregation maintain on affine and the second seco	13	-	X
ь	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	$\dashv$	
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	"		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
			000	

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		3
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		_
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		2
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			i .
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
ı	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			١.
	through 24d and complete Schedule K. If "No," go to line 25a	24a		_;
,	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
:	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		3
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			Г
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	the standard for the second of	27		1
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		r
	Part IV instructions for applicable filling thresholds, conditions, and exceptions):	28a	x	l
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a	_	Н
•	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		
	Schedule L, Part IV	28b		H
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		L
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	L
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			L
	conservation contributions? If "Yes," complete Schedule M	30		L
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			L
	Part I	31	_	
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			١
	complete Schedule N, Part II	32	_	L
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			ı
	or IV, and Part V, line 1	34	X	L
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	L
,	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			П
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	L
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Γ
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			T
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
		37		
	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		T
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	38	x	1
	19? Note. All Form 990 filers are required to complete Schedule O.		m 99	_

	990 (2017) NATIONAL ASSOCIATION OF INVESTORS 38-2111435			Р	age (
Pi	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
_	Check is deficable of contains a response of note to any line in this Part V		MAIN DE	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	22		103	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		1		
	reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return  2a	20	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
Ja L	Did the organization have unrelated business gross income of \$1,000 or more during the year?	100000000000000000000000000000000000000	3a	X	
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other au	1005093093093000030303	3b	X	_
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		x
b	If Wan II and the Fitter Free Control of the Fit		44		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act	nunts			
	(FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			
	gifts were not tax deductible?		6b		
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 go	ods			
	and services provided to the payor?		7 <u>a</u>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		l _		
d	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d		7c		_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit com	tract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	2	7f		_
	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a Form 1098-C2	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	W 5 Y	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				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources				
120	against amounts due or received from them.)	2442	١ ا		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a	-	_
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1		
	le the organization licopped to issue qualified health plans is more than any state?		13a		_
-	Note. See the instructions for additional information the organization must report on Schedule O.		134		
ь	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand		1		
	Did the organization receive any payments for indeed temping condend during the tay year?		14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	**************************************	14b		
AA			For	990	(201

Forn	n 990 (2017) NATIONAL ASSOCIATION OF INVESTORS 38-2111435		P	age 6
_	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and fo	or a "	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI		2000000	X
Sec	ction A. Governing Body and Management			
	N N N		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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_	X	_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow		•	
a	The governing body?	8a	X	-
р	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	9	nda l	X
300	TION B. PONCIES (THIS Section B reguests information about policies not required by the internal Revent	JB C	-	**-
400	Did the organization have local chapters, branches, or affiliates?	10a	X	No
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	iva		_
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
445	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	_	x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe to Ocharlet O have the same days	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	_
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		-43	$\vdash$
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	x	
h		15b		x
-	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a				
		16a		x
h	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed CA, IN, IL, OR			
1B	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			****
10	available for public inspection. Indicate how you made these available. Check all that apply.			
	X   Own website   Another's website   X   Upon request   Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
13	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	LIFFORD TRENT  711 W. THIRTEEN MILE ROAD			
	ADISON HEIGHTS MI 48071 248	-65	4-3	035
_				

Form 990 (20	017) NATIONAL ASSOCIATION OF INT	ESTORS	38-2111435	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and											
	Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII											
Section A.	Officers, Directors, Trustees, Key Employees, and Hi	ghest Compe	ensated Employees								

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- organization this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
   List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(C	)		(D)	(E)	(F)
Name and Title	Average	1		Posil			Reportable	Reportable	Estimated
	hours per week					han one both an	compensation from	compensation from related	amount of other
	(list any					/truslee)	lhe	organizations	compensation
	hours for	93	131	01	ΣĪ	R I D	organization	(W-2/1099-MISC)	from the
	related organizations	d K	≱	Officer	e l	<b>3 3 3</b>	(W-2/1099-MISC)		organization and related
	below dotted	da di	g	٦	큔	8 2 P			organizations
	line)	Individual trustee or director	8		Кеу етріоуее				_
		age a	Institutional trustee		"	Former Highest compensated			
(1) EVE LEWIS		+	H		7	ä			
	3.50								
CHAIRMAN	0.00	x		X			1,550	0	0
(2) PHIL KEATING						T			
* ***********************	3.50		П	- 1	- 1				
DIRECTOR	0.00	X					1,550	0	0
(3) JOHN GANNON									
DIRECTOR	3.50			- 1					
	0.00	X	$\vdash$	-	$\dashv$	_	1,550	0	0
(4) JULIE WERNER	0 -0	1		- 1					
DIRECTOR	3.50		ΙI	- 1					12
	0.00	X	$\vdash$	$\dashv$	-	$\rightarrow$	1,550	0	0
(5) STEVE SANBORN	2.50		П	- 1					
DIRECTOR	3.50 0.00	x		- 1	- 1		1 225		
(6) ROGER GANSER	0.00	1	$\vdash$	$\dashv$	$\dashv$	_	1,375	0	0
(0) ROGER GANSER	30.00		1 1	- 1					
DIRECTOR	0.00	x		- 1			1,200	•	•
(7) JACKIE KOSKI	0.00	1	$\vdash$	$\dashv$	$\dashv$	-	1,200	0	0
() DACKIE KOSKI	3.50		ΙI	- 1					
DIRECTOR	0.00	x		- 1			475		
(8) CAROL THEINE	0.00	1	$\vdash$	$\dashv$	$\dashv$	+	4/5	0	0
(b) CHROL IMPINE	3.50	1	Н	- 1	- 1				
TREASURER	0.00	x					475	0	0
(9) ROBERT BROOKER	0.00	-	$\vdash$	$\dashv$	$\neg$	$\top$	3/5		
(-,11001111	3.50								
DIRECTOR	0.00	x					o	0	0
(10) KATHLEEN ZARACK	I	1			$\exists$	7			
	40.00		ш	- 1					
CEO	0.00			x			176,775	0	3,673
(11)CLIFF TRENT		П		7	T		=.0,.70		0,010
	40.00								
DIR OF OPS & SHARED	0.00			x			97,739	0	7,218
DAA									Form <b>990</b> (2017

									s, and Highest Compens	ated Employees (continued)			age o
(A) Name and	tille	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee				is both	an	from	(E) Reportable compensation from related organizations (W-2/1089-MISC)	ortable Estimated sation from amount of lated other izations compensation		
		hours for related orgenizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(VV-2/1089-MISC)	organi and re organiz	zalion elated	
2020000000000		***********											
5000.000.000.000.000.000	***********	***********											
**************		************											
(													
	anvarrania	10.1115.71W1111											
c Total from co		eets to Part VII	, Se	ctio	n A			<b>*</b> * '	284,239			10, 10,	
2 Total number	of individuals (	including but no	t lim	ited			liste	d a	above) who received more				
3 Did the organ	ization list any	m the organizati	direc	ctor,	or tr	uste	e, ke	y e	employee, or highest comp	ensated	3	Yes	No X
4 For any indivi- organization a individual	dual listed on li and related org	ne 1a, is the sui anizations great	m of er ti	rep an	ortal \$150	ole c 0,000	omp )? <i>If</i>	ens "Ye	sation and other compensates," complete Schedule J f	or such	4	x	
5 Did any perso for services re	on listed on line endered to the	1a receive or a organization? If	CCL	e co	mpe	ensa	tion 1	fror	m any unrelated organizati ule J for such person	on or individual	. 5		x
Section B. Indeper 1 Complete this			nper	sate	ed in	dep	ende	nt o	contractors that received re	nore than \$100,000 of			_
compensation	from the orga	nization. Report	cor	nper	sati	on fe	or the	CE	alendar year ending with o	r within the organization's tax		(C)	
BANTA-R.R.	Name an	d business address	_	_	_	200	ВО	Į.	730216	(B) otion of services		Compens	ation
DALLAS	DONNELLE	.0000000	9	753			ьо	1	PRINTING		+	119	9,856
-					_			-					
2 Total number	of independen	t contractors (in	clud	ling	but r	ot li	mited	d to	o those listed above) who		+		_
DAA	e than \$100,00	0 of compensat	ion i	rom	the	orga	niza	tior	n <b>&gt;</b>	1	F	rm 99	0 (2017

			(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
				function revenue	revenue	under sections 512-514
1a	Federated campaigns 1a			Tatayag		818-917
	Membership dues 1b				1	
	Fundraising events 1c					
d	Related organizations 1d					
	Government grants (contributions) 1e				1	
	All other contributions, gifts, grants,					
	and similar amounts not included above	3,699				
а	Noncash contributions included in lines 1a-1f: \$					
- 7	Total. Add lines 1a-1f		3,699			
		Busn. Code	3,000			
2a	MEMBERSHIP DUES	900099	2,311,907	2,311,907		
b		541800	-267,045	-267,045		
c			207,045	207,045		
ч						-
u				-		
f	All other program service revenue	8				
	Total. Add lines 2a–2f		2,044,862			
	Investment income (including dividends,		_,044,002			
-	and other similar amounts)		15,193			15,1
4	Income from investment of tax-exempt be	and proceed	15,195			13,1
5	•		2,242			2,2
9	Royalties (i) Real	(iii) Personal	2,242			2,2
6a	Gross rents	(ii) i el solial				
	Less: rental exps.					
	Rental Inc. or (loss				1	
7a	Net rental income or (loss) Gross amount from (i) Securities	(ii) Other				
	sales of assets	(ii) Other				
	other than inventory					
Ŋ	Less: cost or other					
	basis & sales exps					
	Gain or (loss)					
	Net gain or (loss)					
8a	Gross income from fundraising events					
	(not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18			:-		
	Less: direct expenses b					
	Net income or (loss) from fundraising eve	ints ▶				
9a	Gross income from gaming activities.					
	See Part IV, line 19 a					
	Less: direct expenses b					
	Net income or (loss) from gaming activities	s ►				
10a	Gross sales of inventory, less					
	returns and allowances a					
	Less: cost of goods sold b				1	
C	Net income or (loss) from sales of inventor					
	Miscellaneous Revenue	Busn. Code				
11a	SHARED SERVICE REVENUE	900099	322,845		322,845	
b	BETTER INVESTING	561000	310,003	195,418	114,585	
C						
d	All other revenue					
е	Total. Add lines 11a-11d		632,848			
	Total revenue. See instructions.	100	2,698,844	2,240,280	437,430	17,4

b, 8		(A) Total expenses	Program service	Management and	Fundraising
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	272,277	97,739	174,538	
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	975,327	833,538	141,789	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,421	10,018	3,403	
9	Other employee benefits	103,372	77,162	26,210	
10	Payroll taxes	102,754	76,701	26,053	
11	Fees for services (non-employees):				
а	Management				
	Legal				
c	Accounting	28,244	600	27,644	
d		*			
	Professional fundraising services. See Part IV, line 7				
f	Investment management fees				
g					
3	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	62,304	62,304		
13	Office expenses	287,686	287,686		
14	Information technology		201710		
15	Royalties				
16	Occupancy	92,551	87,923	4,628	
17	Occupancy	24,647	24,647	.,,,,,	
18	Travel Payments of travel or entertainment expenses	21,01/	21/01/		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	264,311	264,311		
20		201,511	201,522		
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	52,789	50,153	2,636	
		58,742	55,805	2,937	
23 24		30,742	33,003	2,557	
24				ľ	
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	0	0		
a	CONTRACT SERVICES		89,539		
b	1071-1171-1171-1170-1170-1170-1170-1170	89,539			
c	SOFTWARE	57,283	57,283		
d	SUPPLIES	56,015	56,015	6 E71	
	All other expenses	207,645	201,074	6,571	
25	Total functional expenses, Add lines 1 through 24e	2,748,907	2,332,498	416,409	
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				

Part				
	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	1,164,905	1	1,013,252
2	Savings and temporary cash investments		2	
3			3	
4	Accounts receivable, net	62,679	4	83,078
5	Loans and other receivables from current and former officers, directors.	02/0/5		03,010
	trustees, key employees, and highest compensated employees.			
	Complete Bod II 40 to 1 to 1		5	
6	***************************************			
"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
LO OL	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	Notes and loans receivable, net		7	
8 8	Notes and loans receivable, net	27,288	8	22,253
9		44,262	9	60,460
	a Land, buildings, and equipment: cost or	44,202	-	00,400
- 1 -	other basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a 3,521,991 10b 3,286,449	155,862	10c	235,542
11	Investments—publicly traded securities	155,002	11	233,342
	Investments—other securities. See Part IV, line 11	3,530,516	12	3,197,037
13	Investments—program-related. See Part IV, line 11	3,030,510	13	3,131,031
14	Intangible assets		14	
15	Intangible assets Other assets. See Part IV, line 11		15	
16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)	4,985,512	16	4,611,622
17		248,579	17	307,492
18		240,515	18	301,432
19	Deferred revenue	1,326,771	19	1,227,447
20	Tax-exempt bond liabilities	1/020///2	20	-//, 44/
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
- 1	Loans and other payables to current and former officers, directors,			
Liabilities 52	trustees, key employees, highest compensated employees, and			
<u>ਛ</u>	disqualified persons. Complete Part II of Schedule L		22	
∄   23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	524,380	25	240,689
26	Total liabilities. Add lines 17 through 25	2,099,730	26	1,775,628
	Organizations that follow SFAS 117 (ASC 958), check here ▶X and			
ances	complete lines 27 through 29, and lines 33 and 34.			
[ 27	Unrestricted net assets	2,824,048	27	2,774,260
മ്   28	Temporarily restricted net assets	61,734	28	61,734
달 29			29	
년	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and			
ō	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
¥ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balk 30 31 35 68 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	2,885,782	33	2,835,994
34	Total liabilities and net assets/fund balances	4,985,512	34	4,611,622

Form **990** (2017)

Form	990 (2017) NATIONAL ASSOCIATION OF INVESTORS 38-2111435				Pag	<u>le 12</u>	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		44444444			Ш	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 69 , 74			
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5		_		275	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	2	,83	5,9	94	
Pa	rt XII Financial Statements and Reporting					-	
	Check if Schedule O contains a response or note to any line in this Part XII		******				
			lie.		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			- 1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			- 1			
	Schedule O.			- 1		1.00	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		20000	2b	X	_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		i i				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in		E-CARGO I				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?			3a		_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		DOMEST OF STREET				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		20024	3b			
				Form	n 990	(2017)	

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. NATIONAL ASSOCIATION OF INVESTORS

Employer identification numbe

CORPORATION 38-2111435 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (I) Name of supported (ii) EIN (lii) Type of organization (Iv) Is the organization (v) Amount of monelary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) Instructions) No Yes (A) (B) (C) (D) (E)

			SOCIATION				Page 2
Pa	art II Support Schedule for C						
	(Complete only if you che	ecked the box	on line 5, 7, c	or 8 of Part I or	if the organiz	ation failed to	qualify under
	Part III. If the organization	n fails to qual	ify under the te	ests listed belo	w, please con	nplete Part III.)	<u> </u>
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning In)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				-		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 2010	12/	(0)	(5) 25 / 5	157	(1) 10101
В	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties, and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
40	•						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)			ļ			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	. (see instruction	ns)			12	
13	First five years. If the Form 990 is for the	e organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stop he	re		******			
Sec	tion C. Computation of Public S	Support Perc	entage				
14	Public support percentage for 2017 (line	6, column (f) div	ided by line 11, co	olumn (f))		14	%
15	Public support percentage from 2016 Sc	hedule A, Part II	, line 14			15	%
16a	33 1/3% support test—2017. If the orga	inization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this	IN IT
	box and stop here. The organization qu	alifies as a publi	cly supported orga	inization			
b	33 1/3% support test—2016. If the orga						Ne.
4=-	this box and stop here. The organizatio	n qualifies as a p	iubliciy supported	organization	10 40 405	and the state of the	L
7/a	10%-facts-and-circumstances test—2	-					
	10% or more, and if the organization me Part VI how the organization meets the						
	_			•			N 5
L	organization	046 15 the	inging did not be	المستوادة والمستوادة	12 160 16h as 41	7a and line	entation concern
Ь	10%-facts-and-circumstances test—2					·	
	15 is 10% or more, and if the organization respectively.						
	-			_			<b>▶</b> □
18	supported organization  Private foundation. If the organization	did not check a h	noy on line 13, 16s	16h 17a or 17h	check this boy	and see	10,000,000,000,000,000
10	instructions	and mot official a	os alline to, to	, loo, ira, oi iri	, one on any box i	340	<b>•</b> [

Schedule A (Form 990 or 990-EZ) 2017 NATIONAL ASSOCIATION OF INVESTORS 38-2111435 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to	qualify under	the tests listed	below, please	e complete Pa	rt II.)	iliuci Fait II.
Sec	tion A. Public Support					***************************************	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	2,637	2,500	2,806	2,698	3,699	14,340
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,786,918	2,788,882	2,767,944	1,763,245	2,240,280	12,347,269
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,789,555	2,791,382	2,770,750	1,765,943	2,243,979	12,361,609
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C							
8	Public support. (Subtract line 7c from	ı	1				
_	line 6.)						12,361,609
	tion B. Total Support	TO ANOUND CORDS	17war	01-120	- 1/2 Sin - 1 - 1/2		75801
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	2,789,555	2,791,382	2,770,750	1,765,943	2,243,979	12,361,609
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,628	12,134	13,310	5,059	17,435	62,566
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	14,628	12,134	13,310	5,059	17,435	62,566
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	131,632	95,457	68,898	83,286	64,962	444,235
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	2,935,815	2,898,973	2.852.958	1.854.288	2,326,376	12,868,410
14	and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he						
Sec	tion C. Computation of Public S		ntage	***********			·····
15	Public support percentage for 2017 (line			(man /fl)		15	96.06 %
16	Public support percentage from 2016 Sch	sedule A. Part III		min (1))		16	
	tion D. Computation of Investm						95.91 %
17	Investment income percentage for 2017 (			13. column (f))		17	%
18	Investment income percentage for 2017		4 III - 16 - 47			40	1 %
19a				ine 14 and line 15		* * * * * * * * * * * * * * * * * * * *	1 /0
. 34	17 is not more than 33 1/3%, check this b						<b>▶ X</b>
b	33 1/3% support tests—2016. If the orga	anization did not d	heck a box on line	e 14 or line 19a, a	nd line 16 is more	e than 33 1/3%, ar	nd
20	line 18 is not more than 33 1/3%, check to Private foundation. If the organization d						
-						hadula A (Farm 00)	The state of the s

Page 4

Schedule A (Form 990 or 990-EZ) 2017

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

JCCL	on A. An dupporting digunzations			
	, and the same of	_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	- 1	- 1	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		- 1	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2	-	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- 1		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the	1		
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		- 1	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		- 1	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	-	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		- 1	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	- 1		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	- 1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	.		
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN	- 1		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	- 1		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	_		
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	_	-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- 1		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		-
8	-	8		
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
		38		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9Ь		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	911		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
40-	Was the organization subject to the excess business holdings rules of section 4943 because of section	36		
10a	9 .			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10a		
<b>L</b>	supporting organizations)? If "Yes," answer 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	IVE		
b	determine whether the organization had excess business holdings.)	10b		
	determine whether the digenzation had avided advanced nothings.)			

	ule A (Form 990 or 990-EZ) 2017 NATIONAL ASSOCIATION OF INVESTORS 38-21114	35		Page 5
_Pa	rt IV Supporting Organizations (continued)			
44	Handba comprised in a control of the control of the first		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1 1		
•	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Cont	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations		1.000	
	Where a majority of the appropriational discount and discount the terror of the fat discount		Yes	_No_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1 1		
	the supported organization(s)			
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1 1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruction	ons).	
2	Activities Test. Answer (a) and (b) below.	ĺ	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	NO
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2Ь		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L

Schedule A (Form 990 or 990-EZ) 2017 NATIONAL ASSOCIATION OF I			.435 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			,
instructions. All other Type III non-functionally integrated supporting organization	is must co	omplete Sections A thro	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	В		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integr	rated Tvo	e III supportina organiza	ation (see
instructions).		··	

Schedule A (Form 990 or 990-EZ) 2017

Sect	ion D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exempt	purposes								
2	Amounts paid to perform activity that directly furthers exempt purposes of supported									
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purposes of supported organizations									
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions.									
7	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to which the o	rganization is responsive								
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2017 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
		(i)	(ii)	(iii)						
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable						
2.00			Pre-2017	Amount for 2017						
1	Distributable amount for 2017 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2017									
	(reasonable cause required-explain in Part VI). See									
	instructions.									
3	Excess distributions carryover, if any, to 2017:	_								
a	F 0042	<del></del>								
	From 2013									
_	From 2014									
	From 2015									
	From 2016									
	Total of lines 3a through e	-								
	Applied to underdistributions of prior years									
	Applied to 2017 distributable amount	-								
	Carryover from 2012 not applied (see instructions)	_								
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2017 from	-								
*			İ							
_	Section D, line 7: \$ Applied to underdistributions of prior years									
	Applied to 2017 distributable amount	-1								
	Remainder. Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2017, if									
3	any. Subtract lines 3g and 4a from line 2. For result									
	greater than zero, explain in Part VI. See instructions.	All S								
6	Remaining underdistributions for 2017. Subtract lines 3h									
•	and 4b from line 1. For result greater than zero, explain in									
7	Part VI. See instructions.  Excess distributions carryover to 2018. Add lines 3									
٠.	and 4c.									
8	Breakdown of line 7:									
	Excess from 2013	-								
77.										
_	Excess from 2014									
	Excess from 2015									
a	Excess from 2016									

Schedule A (Fo Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; P 3a and 3b; Part V,	ormation. Pro , Section A, line art IV, Section	vide the explana es 1, 2, 3b, 3c, 4 C, line 1; Part l'	ations required b 4b, 4c, 5a, 6, 9a V, Section D, lin	, 9b, 9c, 11a, 11b es 2 and 3; Part I	Part II, line 17a o b, and 11c; Part IV IV, Section E, line	', Section s 1c, 2a, 2b,
	lines 2, 5, and 6. A	lso complete t	his part for any	additional inform	nation. (See instru	uctions.)	
	*******************						**********
*****	***********						
				****************	********		C********
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#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	ONAL ASSOCIATION OF INVESTORS		Employer Identification number
CORP	ORATION		38-2111435
Part I	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or	Funds or Other Similar Funds on Form 990, Part IV, line 6.	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1 Total	number at end of year		
2 Aggre	egate value of contributions to (during year)		
3 Aggre	egate value of grants from (during year)		
4 Aggre	egate value at end of year		
	ne organization inform all donors and donor advisors in writing		
funds	s are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6 Did th	ne organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	
-	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	I=1
			Yes No
Part II	Conservation Easements. Complete if the organization answered "Yes" of	n Form 990, Part IV, line 7.	
1 Purpo	ose(s) of conservation easements held by the organization (ch	eck all that apply)	
1	reservation of land for public use (e.g., recreation or education	) Preservation of a historically in	nportant land area
)—+	rotection of natural habitat	Preservation of a certified histo	oric structure
	reservation of open space		
	plete lines 2a through 2d if the organization held a qualified cor	servation contribution in the form of a	
	ment on the last day of the tax year.		feld at the End of the Tax Yes
a Total	number of conservation easements		2a
b Total	acreage restricted by conservation easements		2b
	per of conservation easements on a certified historic structure		2c
	per of conservation easements included in (c) acquired after 7/		1
histor	ic structure listed in the National Register		2d
	per of conservation easements modified, transferred, released,	extinguished, or terminated by the org	anization during the
	ear 🎤 <sub>m. red. p. carson.</sub>	in Industrial M	
	per of states where property subject to conservation easement		
	the organization have a written policy regarding the periodic n		☐ Vac ☐ Na
	ions, and enforcement of the conservation easements it holds' and volunteer hours devoted to monitoring, inspecting, handlin		
		g or violations, and emorcing conserva	ation easements during the year
134	unt of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing consequation.	assements during the year
	and or expenses incurred in monitoring, inspecting, handling or	violations, and emorcing conservation	easements during the year
	each conservation easement reported on line 2(d) above satis	fy the requirements of section 170(h)(/	1)/B)(i)
	section 170(h)(4)(B)(ii)?		
	rt XIII, describe how the organization reports conservation eas		
	ice sheet, and include, if applicable, the text of the footnote to	•	·
	nization's accounting for conservation easements.	•	
Part III	Organizations Maintaining Collections of A Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete in t	rt, Historical Treasures, or Ot on Form 990, Part IV, line 8:	her Similar Assets.
1a If the	organization elected, as permitted under SFAS 116 (ASC 958	), not to report in its revenue statement	and balance sheet
	s of art, historical treasures, or other similar assets held for pub	•	
	service, provide, in Part XIII, the text of the footnote to its fina		
b If the	organization elected, as permitted under SFAS 116 (ASC 958	), to report in its revenue statement and	d balance sheet
works	s of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of
public	service, provide the following amounts relating to these items	:	
(i) R	evenue included on Form 990, Part VIII, line 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$
	ssets included in Form 990, Part X		
	organization received or held works of art, historical treasures		
	ring amounts required to be reported under SFAS 116 (ASC 9		
a Reve	nue included on Form 990, Part VIII, line 1		\$
b Asset	ts included in Form 990, Part X		\$

Schedule D (Form 990) 2017 NATIONA						Page 2
Part III Organizations Maintain 3 Using the organization's acquisition, acc						sets (continued)
collection items (check all that apply):						
a Public exhibition	james ja	oan or exchange p	_			
b Scholarly research	e [ ] (	Other				
<ul><li>c Preservation for future generations</li><li>4 Provide a description of the organization</li></ul>	de collections and evalu	nin have there from	- the e-e-i-et	inala avadant a	rness in Dort	
<ol> <li>Provide a description of the organization XIII.</li> </ol>	i s collections and expl	ain now they further	r the organizat	ion s exempt pt	irpose in Part	
5 During the year, did the organization so	icit or receive donation	s of art, historical tr	easures, or ot	her similar		
assets to be sold to raise funds rather th	an to be maintained as	part of the organiz	ation's collect	ion?		Yes No
Part IV Escrow and Custodial						
Complete if the organiza 990, Part X, line 21.	ition answered "Ye	es" on Form 990	), Part IV, li	ne 9, or repo	orted an am	ount on Form
1a Is the organization an agent, trustee, cu	stodian or other interm	ediary for contributi	ons or other a	ssets not		
included on Form 990, Part X?				*****		Yes No
b If "Yes," explain the arrangement in Par	XIII and complete the	following table:				
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year	124131122					
f Ending balance	(0.44)(0.44)(0.44)(0.44)			014000111111100	1f	
2a Did the organization include an amount						Yes No
b If "Yes," explain the arrangement in Par	XIII. Check here if the	explanation has be	en provided o	n Part XIII		
Part V Endowment Funds.		" C 000	Dest IV II	nn 10		
Complete if the organiza						(e) Four years back
	(a) Current year	(b) Prior year	(c) Two yea	rs dack (0) i	hree years back	(e) Four years back
1a Beginning of year balance			1			
b Contributions			+			
c Net investment earnings, gains, and						
losses			-		-	
d Grants or scholarships			-			
e Other expenditures for facilities and				ľ		
programs						
f Administrative expenses			+			
g End of year balance 2 Provide the estimated percentage of the	aucront year and halo	nas (lina 1a. aslumi	n (a)) hold as:			
a Board designated or quasi-endowment		nce (iirie 19, colum	ii (a)) neid as.			
b Permanent endowment						
The percentages on lines 2a, 2b, and 2	% should equal 100%					
3a Are there endowment funds not in the p	,	ization that are held	d and administ	ered for the		
organization by:						Yes No
-						3a(i)
(ii) related organizations						* 1 TO THE RESERVE OF
b If "Yes" on line 3a(ii), are the related org	anizations listed as red	uired on Schedule	R?			3b
4 Describe in Part XIII the intended uses						
Part VI Land, Buildings, and E	quipment.		Doct IV II	no 110 Con	Form 000	Dart V line 10
Complete if the organize	(a) Cost or other b		or other basis	(c) Accumula		(d) Book value
perculation of broberry	(investment)		ther)	deprecialle		1-1
1a Land						
1a Land b Buildings	1100					
c Leasehold improvements	000					
d Equipment		3.1	190,133	2,954	1,591	235,542
e Other		1 3	331,858		L,858	
Total. Add lines 1a through 1e. (Column (d) i						235,542

	Investments—Other Securities.		N 10000 82 82 8	Page
_	Complete if the organization answered "Yes" on			
	(a) Description of security or category	(b) Book value	(c) Melhod o	
	(including name of security)		Cost or end-of-ye	er market value
1) Financial				
	eld equity interests	0 (10 0(0	100000	
	NVESTMENT IN SUBSIDIARY - ICL	2,613,869		
- Y.7.	HER INVESTMENTS	409,763		
111111111111111111111111111111111111111	APTER INVESTMENTS	173,405	MARKET	
1911	4			
(E)				
(F)				
	14 · · · · · 12:21 · · · 22:21 · · · · 22 · · · · 22:21 · · · · · · · · · · · · · · · · · · ·		-	
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,197,037		
	Investments—Program Related.	3,131,031		
i ait viii	Complete if the organization answered "Yes" on	Form 990 Part IV	line 11c See Form	190 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method	
	(4), prior of middle in the control of the con	(=) =====	Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV,	line 11d. See Form 9	90, Part X, line 15.
				41.00 1 1
	(a) Description			(b) Book value
	(a) Description			(b) Book value
(2)	(a) Description			(b) Book value
(2) (3)	(a) Description			(b) Book value
(2) (3) (4)	(a) Description			(D) Book value
(2) (3) (4) (5)	(a) Description			(D) Book value
(2) (3) (4) (5) (6)	(a) Description			(D) Book Value
(2) (3) (4) (6) (6)	(a) Description			(b) Book Value
(2) (3) (4) (5) (6) (7)	(a) Description			(b) Book Value
(2) (3) (4) (5) (6) (7) (8) (9)				(b) Book Value
	n (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book Value
(2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	Form 000 Part IV	line 440 or 446 See	
(2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on	Form 990, Part IV	, line 11e or 11f. See	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	70,000	, line 11e or 11f. See	
(2) (3) (4) (6) (6) (7) (8) (9) Total. (Column Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV	, line 11e or 11f. See	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability income taxes	(b) Book value	, line 11e or 11f. See	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  (1) Federal (2) LT No	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	70,000	, line 11e or 11f. See	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal (2) LT No (3)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability income taxes	(b) Book value	, line 11e or 11f. See	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal (2) LT No (3) (4)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability income taxes	(b) Book value	, line 11e or 11f. See	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal (2) LT No (3) (4) (5)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability income taxes	(b) Book value	, line 11e or 11f. See	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal (2) LT No (3) (4) (5)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability income taxes	(b) Book value	, line 11e or 11f. See	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal (2) LT No (3) (4) (5) (6) (7)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability income taxes	(b) Book value	, line 11e or 11f. See	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  . (1) Federal	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability income taxes	(b) Book value	, line 11e or 11f. See	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017 NATIONAL ASSOCIATION OF			Page 4
Part XI Reconciliation of Revenue per Audited Finance		er Return.	
Complete if the organization answered "Yes" on F			
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:	1 = 1		
a Net unrealized gains (losses) on investments		<b>⊣</b>	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	26	-	
d Other (Describe in Part XIII.)		<b>⊢</b>   ,,	
e Add lines 2a through 2d		2e 3	
Subtract line 2e from line 1     Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b Other (Describe in Part XIII.)			
		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 12.)		
Part XII Reconciliation of Expenses per Audited Finance			
Complete if the organization answered "Yes" on F		- poi	-
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1;		~	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	-
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 18.)	. 5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			ne
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	art to provide any additional information	i.	
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Schedule D (	Form 990) 2017	NATIONAL	ASSOCIATIO	ON OF	INVESTORS	38-2111435	Page 5
Part XIII	Suppleme	ntal Informatio	on (continuea)				
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#### SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

NATIONAL ASSOCIATION OF INVESTORS CORPORATION

Open to Public

Employer identification number

38-2111435 Questions Regarding Compensation Part I 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 Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account 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 1b explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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: X a The organization? x b 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: b 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 67 lf "Yes," describe in Part III X Were any amounts reported on Form 990, Part VIII, 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 X in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Page 2

Schedule J (Form 990) 2017 NATIONAL ASSOCIATION OF INVESTORS 38-2111435

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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nonlaxable	(E) Total of culumins	(F) Compensation
(A) Name and Title	(I) Base compensation	(b) Bonus Aincenton compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KATHLEEN ZARACKI	(i) 176,775			3,673 0	0	180,448	0
3	(9)			**************	***************************************		
a	(6)	************		1011-114-111-114-114			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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16	(c)				*****************		

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 NATIONAL ASSOCIATION OF INVESTORS 38-2111435	Page 3
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 Pafor any additional Information.	art II. Also complete this part
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### SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, Ilne 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, Ilne 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the		▶Go	to www.irs.gov/F	tach to Form 9				nformation.			Ī		pen To		c
Name of the org		NATIONAL ASSOCIAT							Employe	r lder	ntificat			-	
		CORPORATION							38-21	1143	35				
Part I		Benefit Transacti													
	Complete	if the organization answ						orm 990-E	Z, Part	V, lii	ne 40	b	Γ	_	
1	(a) Name of	disqualified person	(b) Relation	ship between dis		pen	son and	(c) Description	in of trans	saction	n		-	Correc	
(1)				organizatio	in .	_				_			Yes	+	No
101					-	-					_		-	_	
(3)													t	+	
(4)														$\top$	
(5)														$\top$	_
(6)															
2 Enter	the amount o	f tax incurred by the org	anization manag	ers or disqua	lified	per	sons during the	year							
under	section 4958	f tax, if any, on line 2, al				. , . ,			*****	<b>\$</b>					
3 Enter	the amount o	f tax, if any, on line 2, al	bove, reimburse	d by the orga	nizatio	n .				▶ \$	_		_	_	_
						_									
Part II		to and/or From Int													
		if the organization answ		1960/1902 - 1971 - 18			ne 38a or Form	990, Part I	V, line 2	26; c	ır if th	e			
-		ion reported an amount	on Form 990, Pa	(c) Purpose of			(e) Original	(f) Balance	dup. M	al in a	สดเลเมิส์	(h) Ap	somundi.	1 10 14	Vritten
	(a) Name or a	nerealed person	with organization	loan	or fron	n the		(i) balance	due II	9) 111 (	Jeidoiti	by bo	and or		ement?
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Total					000000		<b>&gt;</b> \$	1					,		
Part III	Grants	or Assistance Be	nefiting Inter	ested Per	sons										
	Complete	if the organization ansi	wered "Yes" on F	orm 990, Pa	rt IV, I	ine	27.								
	(a) Name of	interested person		ship bolween inter		c) Ar	nount of assistance	(d) Type of as	sistance		(e) i	Purpose	e of as	sistance	e
7.00			person a	ind the organization	рп	_				-			_		
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747					$\rightarrow$	_				+					

Part IV	Form 990 or 990-EZ) 2017 NATIONAL Business Transactions Involvin Complete if the organization answered "Y	ig Interested Persons.					age 2
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of Iransaction	(d) Description of Irans	saction	(e) Si of rever	haring org. nues?
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	Provide additional information for respons	es to questions on scriedule	L (ace instructions).				
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7.							

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

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

2017

Open to Public Inspection

Employer identification number Name of the organization NATIONAL ASSOCIATION OF INVESTORS 38-2111435 CORPORATION FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT THE VOLUNTARY ADVISORY BOARD SPONSORS 1 ANNUAL CONFERENCE: BETTER INVESTING NATIONAL CONVENTION, WHICH OFFERS DOZENS OF EDUCATIONAL INVESTMENT SEMINARS OVER A 3 DAY PERIOD. IN ADDITION, DOZENS OF REGIONAL SEMINARS AND WORKSHOPS ARE HELD ALONG WITH HUNDREDS OF CLASSES OFFERED ON A LOCAL BASIS EACH YEAR. BETTER INVESTING MAGAZINE IS THE NAIC MONTHLY REPORT TO MEMBERS ON EDUCATIONAL TOPICS. NAIC PROVIDES TUTORIAL-BASED SOFTWARE FOR STOCK SELECTION AND PORTFOLIO MANAGEMENT FROM BEGINNER TO EXPERT. FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS ROGER GANSER BUSINESS RELATIONSHIP KATHLEEN ZARACKI BUSINESS RELATIONSHIP ROBERT BROOKER BUSINESS RELATIONSHIP FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE DRAFT 990 FORMS ARE REVIEWED BY MANAGEMENT AND THEN SUBMITTED TO THE AUDIT AND FINANCE COMMITTEE FOR REVEW PRIOR TO FILING

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

PAGE 1 OF 1

OMB No. 1545-0047

2017

SCHEDULE R (Form 990)

### Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 35, or 37.

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF INVESTORS CORPORATION

38-2111435

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

Schedule R (Form 990) 2017

	Identification of Related Organizat because it had one or more related	ons Taxat	ole as	a Partners ited as a par	inp. Complete Inership during	the organia the tax year	ration answered f.	Yes on	rom 9	90, Part	IV, III	16 24	•
	(a) Name, eddress, and ElN of related organization	(b) Primary activity	(iii) Legal Idomicile (ulate or toreign country)	(d) Orect controlling entity	(e) Predominant Income (related, conveleted, excluded from lax undor sections 512-514)	(f) Share of total income	Share of ord-of- year assets	(h) Dispro- afoc ?	amour of Sci (Fai	(i) b V—UBI nt in box 20 nedulo K-I rm 1065)	General General manag partna You A	r.	(k) interfaçe intership
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(2)												T	
(3)				<u></u>								+	
(4)													
Part IV	Identification of Related Organizal line 34 because it had one or more	tions Taxai	ole as	a Corporations treated a	on or Trust. O	Complete if to n or trust du	ne organization a	nswered	Yes"	on Form	990,	Part	IV,
	(a) Name, address, and EIN of related organization	(b) Primery activ		(c) Legal domicile (state o: tereign country)	(d) Diroct controlling entity	(a) Type of entity (C corp S corp or hust)	(f) Share of total income	Share and-ol-yes	e of	(h) Percen owner	Ілде	51; co	(i) Section 2(b) (13) Introlled
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Page 3

wore: combi	lete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	N
1 During th	ne tax year, did the organization engage in any of the following transac	ions with one or more related organizations	listed in Parts II-IV?				L
a Receipt of	of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled	ontity		************	1a		X
b Gift, gran	nt, or capital contribution to related organization(s)				1b		X
c Gift, gran	nt, or capital contribution from related organization(s)				1c		X
d Loans or	loan guarantees to or for related organization(s)				10		X
e Loans or	loan guarantees by related organization(s)	(++++++++++++++++++++++++++++++++++++++		0.0000000000000000000000000000000000000	18		X
f Dividend	s from related organization(s)				11		x
g Sale of a	issets to related organization(s)	and the second s			. 1g		X
h Purchase	e of assets from related organization(s)			*****	1h	_	X
i Exchange	e of assets with related organization(s)		**********	**********	11	_	X
j Lease of					11		×
k Lease of	facilities, equipment, or other assets from related organization(s)				1k		×
I Performa	ance of services or membership or fundraising solicitations for related of	rganization(s)			11	х	
m Performa	ance of services or membership or fundraising solicitations by related o	rganization(s)	000000000000000000000000000000000000000	and the second property of the second propert	1m		X
n Sharing o	of facilities, equipment, mailing lists, or other assets with related organ	zatlon(s)			1n	X	
o Sharing o	of paid employees with related organization(s)				10	X	1
		THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART					+-
							×
p Reimburs	sement paid to related organization(s) for expenses				10	ж	×
p Reimburs q Reimburs	sement paid to related organization(s) for expenses sement paid by related organization(s) for expenses	(11)   110			1p	x	F
p Reimburs q Reimburs r Other tra	sement paid to related organization(s) for expenses sement paid by related organization(s) for expenses unsfer of cash or property to related organization(s)				1p	x	,
p Reimburs q Reimburs r Other tra s Other tra	sement paid to related organization(s) for expenses sement paid by related organization(s) for expenses				1p	x	,
p Reimburs q Reimburs r Other tra s Other tra	sement paid to related organization(s) for expenses sement paid by related organization(s) for expenses inster of cash or property to related organization(s) inster of cash or property from related organization(s)				1p 1q 1r 1s		× ×
p Reimburs q Reimburs r Other tra s Other tra li the ans	sement paid to related organization(s) for expenses sement paid by related organization(s) for expenses sinsfer of cash or property to related organization(s) insfer of cash or property from related organization(s) swer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including cov (b) Transaction	rered relationships and tra	nsaction thresholds.	1p 1q 1r 1s	Wed	,
p Reimburs q Reimburs r Other tra s Other tra	sement paid to related organization(s) for expenses sement paid by related organization(s) for expenses insfer of cash or property to related organization(s) insfer of cash or property from related organization(s) swer to any of the above is "Yes," see the instructions for information or (a)  Namo of rolated organization	n who must complete this line, including cov (b) Transaction (ype (a-s)	rered relationships and tra (c) Amount involved	<b>nsaction thresholds.</b> (d) Method of determining s	1p 1q 1r 1s	lved	,
p Reimburs q Reimburs r Other tra s Other tra t If the ans	sement paid to related organization(s) for expenses sement paid by related organization(s) for expenses sinsfer of cash or property to related organization(s) insfer of cash or property from related organization(s) swer to any of the above is "Yes," see the instructions for information of Namo of related organization.	n who must complete this line, including cov (b) Transaction (ype (a-s)	rered relationships and trail (c) Amount involved 219,883	nsaction thresholds. (d) Method of determining a	1p 1q 1r 1s mount invo	hved	,
p Reimburs q Reimburs r Other tra s Other tra t If the ans	sement paid to related organization(s) for expenses sement paid by related organization(s) for expenses shipser of cash or property to related organization(s) inster of cash or property from related organization(s) swer to any of the above is "Yes," see the instructions for information of [4] Namo of related organization  ICLUBCENTRAL INC.	n who must complete this line, including cov (b) Transaction (ype (a-s)	ered relationships and trained (c) Amount involved 219,883	MARKETING AGRI	1p 1q 1r 1s mount invo	lved B	3
p Reimburs q Reimburs r Other tra s Other tra t If the ans	sement paid to related organization(s) for expenses sement paid by related organization(s) for expenses sinsfer of cash or property to related organization(s) insfer of cash or property from related organization(s) swer to any of the above is "Yes," see the instructions for information of [4] Name of related organization  ICLUBCENTRAL INC.  ICLUBCENTRAL INC.	n who must complete this line, including cov (b) Transaction (ype (a-a))  L  O	219,883 192,119 19,643	MARKETING AGRI PERCENTAGE OF	1p 1q 1r 1s mount invo	lved B	3

Page 4

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)  Nama, address, and EIN of antity	(b) Primary activity	(e) Legal domicile (state of foreign	(d) Predominant income (rotated, unrelated, excluded from tax under	Are all sec	n) parlners tion c)(3)	(f) Share of cotal income	Share of and-of-year assets	Disprop	(h) otonala ations?	(I)  Gode V—UBI amount in hox 20 of Schedule K-1 (Form 1065)	Gene	liner? Highing Highing	(k) Percentago ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)		_		-				+		-	H		
with (san) sense the classical continues and free little continues at a continue of the continue of the continues at a continue of the continue of the continues at a continue of the continues at a continue of the cont													
(3)													
(4)		-			H			-	Н		-		
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(6)													
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(6)			20										
(7)					H			+	$\vdash$		<u> </u>		
SOURTHWEIGHT CONTRACTOR OF THE PROPERTY OF THE													
(8)													
(8)								Ī					
Personal Communication (American Communication)		_		_				_			_		
(10)													
(11)				Г				1					

Part VII	Form 990) 2017 NATIONAL ASSOCIATION OF INVESTORS 38-2111435 Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.	Page 5
X. Y 6 X 11 (0.00 6 4 4 1) 1 5 4 7		
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535555555555		
POOLS COMMISSION		. ө
		************

Form **990-T** (2017)

		l				4	0	MB No 1545-0687
Form	990-T		Exempt Organization Busin (and proxy tax under	ess I sectio	ncome Tax Re on 6033(e))	eturn		2017
_		Forcal	endar year 2017 or other tax year beginning 10/01/	17.	and ending 09/30/1	.8		
/11U/F	rtment of the Treasury	▶ Do n	Go to www.irs.gov/Form990T for Instru of enter SSN numbers on this form as it may be	ctions a	and the latest information	on. on is a 501/c)/3)	Open t	o Public Inspection for
A	Check box if address changed		Name of organization ( Check box if name chan			D Employer Id	THE CALL SHAPE	
В	xempl under section	1	NATIONAL ASSOCIATION	OF :	INVESTORS	(Employees' t	rust, see i	nstructions.)
	\$ 501( C)( 3)	Print	CORPORATION					
	408(e) 220(e)	or	Number, street, and room or suite no. If a P.O. box, see instr	uctions		38-23	114	35
	408A 530(a)	Туре	711 W. THIRTEEN MILE	ROAL	)	E Unrelated be	100000000000000000000000000000000000000	ctivity codes
	529(a)		City or town, state or province, country, and ZIP or foreign			(See instruct	SSS (1	
	look value of all assels		MADISON HEIGHTS		48071	5610	00	541800
а	t end of year		roup exemption number (See instructions.)		Filesan		-	1020
			heck organization type  X 501(c) corpo	ration	501(c) trust	401(a) trus	st	Other trust
	•		nary unrelated business activity.  EVENUE & EXPENSES					
_			rporation a subsidiary in an affiliated group or	a pare	nt-subsidiary controller	d group?	V// •	Yes X No
i	f "Yes," enter the name	e and id	entifying number of the parent corporation	u parc	in oddololary dollardio	a group		
1	<u> </u>							
_			LIFFORD TRENT					<del>8-654-3035</del>
			le or Business Income		(A) Income	(B) Expenses	-	(C) Net
1a	Gross receipts or sale							
ь	Less returns and allo			1c			_	
2	Cost of goods sold (S	scneaui	e A, line 7) rom line 1c	3			_	
ა 4a	Capital gain net incor	ne (atta	ch Schedule D)	4a			_	
b	Net gain (loss) (Form 47)	11 <b>6</b> (atta 97	I, line 17) (attach Form 4797)	4b			-	
c	Capital loss deductio	n for tru	sts	4c				
5	Income (loss) from partnership	os and S c	orporations (attach statement)	5				
6	Rent income (Schedu	ule C)		6				
7	Unrelated debt-finance	ced inco	me (Schedule E)	7				
8	Interest, annuities, royalti	ies, and i	rents from controlled organizations (Schedule F)	8				
9	Investment income of a	section 5	01(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt act	ivity inc	ome (Schedule I)	10				
11	Advertising income (	Schedul	e J)	11	114,585	62,	761	51,824
12			ns; attach schedule) SEE STMT 1	12	322,845		77.04	322,845
13	Total. Combine lines			13	437,430		761	374,669
Pi	art II Deduction	ons No	ot Taken Elsewhere (See instruction of be directly connected with the unre	is for i	business income.	ictions.) (Ex	cept	or contributions,
14	Compensation of offi	cers. dir	ectors, and trustees (Schedule K)				14	
15							15	237,240
16							16	
17	Bad debts	1771 - 1775 1771 - 1775					17	
18	Interest (attach sche	dule)	. 1880 - 1880 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881			************	18	
19	Taxes and licenses						19	
20	Charitable contributions	(See inst	ructions for limitation rules)				20	
21	Depreciation (attach	Form 48	562)	5116	21			_
22			Schedule A and elsewhere on return				22b	0
23	Depletion		······································				23	
24	Contributions to defe	rred cor	npensation plans	conser.			24	
25	Employee benefit pro	ograms		****			25	
26	Excess exempt expe	enses (S	chedule I)	1.500			26	51,824
27	Other deductions (at	osis (Sc	hedule J) nedule)		SEE STATEM	יייואים:	28	19,643
28 29	Total deductions (at	dd lines	14 through 28		JIII GIALLI	and a second	29	308,707
30	Unrelated husiness f	axahle i	ncome before net operating loss deduction. S	ubtract	line 29 from line 13	000001 YES 6100 C	30	65,962
31			(limited to the amount on line 30)				31	
32	Unrelated business t	axable i	ncome before specific deduction. Subtract line	e 31 fro	m line 30	0	32	65,962
33			y \$1,000, but see line 33 instructions for exce				33	1,000
34			e income. Subtract line 33 from line 32. If line					
	enter the smaller of a	zero or l	no 32	-			34	64,962

DAA For Paperwork Reduction Act Notice, see instructions.

-	990-T (2017) NATIONAL ASSOCIATION OF INVESTORS	38	-2111435		Page 2
	rt III Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation. Co	ontrolled	group		
	members (sections 1561 and 1563) check here ▶ See instructions and:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets	(in that	order):		
	(1) \$ (2) \$ (3) \$		te:		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	00 - PC - PC	\$		
	(2) Additional 3% tax (not more than \$100,000)	(A) (8 + 9)	\$		40.000
С	Income tax on the amount on line 34			35c	13,036
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax o				
	the amount on line 34 from: Tax rate schedule or Schedule D (Form			36	
37	Proxy tax. See instructions			37	
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income. See instructions				12 026
40 B	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	estroctions.		40	13,036
	rt IV Tax and Payments	44-1		$\overline{}$	
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a 41b		-	
Ь	Other credits (see instructions) General business credit, Attach Form 3800 (see instructions)			- 1	
c	Credit for prior year minimum tay (attach Form 9904 as 9907)	416		-	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	410		41e	
е 42	Total credits. Add lines 41a through 41d	4.4.4.4.4.4		42	13,036
43	Subtract line 41e from line 40	enh l		43	15,030
44					13,036
45a	Total tax. Add lines 42 and 43 Payments: A 2016 overpayment credited to 2017	45a		44	13,030
b	2017 estimated tax payments	45b	16,57	<u> </u>	
C	Tax deposited with Form 8868	45c	10/0/	<b>~</b>	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		-	
e	Backup withholding (see instructions)	45e		=	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		-	
g	Other credits and payments: Form 2439			-	
9	Other credits and payments: Form 2439 Form 4136 Other Total	450			
46	Total payments. Add lines 45a through 45g			46	16,570
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		<b>&gt;</b> 3		228
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	********		48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount ov	erpaid		49	3,306
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ 3,3		Refunded >	50	
Pa	rt V Statements Regarding Certain Activities and Other Info		on (see instruction	s)	
51	At any time during the 2017 calendar year, did the organization have an interest in	or a sign	nature or other author	rity	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the	he name	of the foreign countr	ry	
	here	n 261 m		100 10 -000	х х
52	During the tax year, did the organization receive a distribution from, or was it the gr	antor of	, or transferor to, a fo	reign trust?	X
	If YES, see instructions for other forms the organization may have to file.				
53	Enter the amount of tax-exempt interest received or accrued during the tax year				
	Update pagetities of portury. I declarat that I have examined this return, including accompanying schedules and standing, copied, and complete. Declaration of preparer (other than taxpayed is based on all information of which pro-	atements, a	nd to the best of my knowledge any knowledge		
Sig	The state of the s	орагот паа	uny kilowougo.		May the IRS discuss this returning the preparer shown below see instructions)?
He	e dituit francis 1200 CEO				
	Signature of officer Date Title				X Yes No
	Print/Type preparer's name Preparer's signature		Date	Check	PTIN
Paid	JEFFREY S. MARTIN, CPA July 5. Martin	, CPA,			
Prep	A STATE OF THE PARTY OF THE PAR		Fir	rm's EIN	38-3269666
Use	Only 2150 BUTTERFIELD, SUITE 210				
	Firm's address > TROY, MI 48084		Ph	none no. 2	<u>48-641-5020</u>
					C 000 T (0047

Form	1 990-T (2017) NATIO	NAL ASSO	CIATI	ON OF	1	NVESTORS 3	38-2	111435			Pa	ge 3
	edule A - Cost of Go		iter me	trioa or ir								
1	Inventory at beginning of y					Inventory at end of			6			
2	Purchases				′	Cost of goods sold						
3 4a	Cost of labor	······				line 6 from line 5. Er			_	l.		
74	Additional acc. 200A Coata	1.1			_	in Part I, line 2			7		. 1	100
h	(attach schedule) Other costs	4a			8	Do the rules of secti		•		-	Yes	No
	(altech schedule)					property produced of	•	red for resale) apply	y	1	- 1	
5	Total. Add lines 1 through		-1 D			to the organization?		- 4 Metals David D				
	nedule C – Rent Incor	me (From Re	ai Prop	erty and	ı Pe	rsonal Property	Leas	ed With Real F	rop	erty)		
	ee instructions)											
-	scription of property											
(1)	N/A										-	
(2)											_	
(3)												
(4)												
		2. Rent rec	eived or acc	rued								
	(a) From personal property (if the p					personal property (if the		, ,	-	connected with the i		
	for personal property is more that	an 10% but not	1	-		r personal property exceed	s	in columns 2	(a) and	2(b) (attach schadu	le)	
_	more (han 50%)			50% or if the	rent is	based on profit or income)						
(1)			_									
(2)												
(3)												
(4)												
Tota	l		Total					(b) Total deduction	ns.			
here	otal income. Add totals of and on page 1, Part I, line	6, column (A)				<b>&gt;</b>		Enter here and on p Part I, line 6, column				
Sch	nedule E - Unrelated	<b>Debt-Financ</b>	ed Inco	me (see	inst	ructions)						
				2.	Gross	income from or		<ol> <li>Deductions directly debt-fin.</li> </ol>			to	
	<ol> <li>Description of debt-fi</li> </ol>	inanced property		alle		to debt-financed property	(a) S	traight line depreciation	T	(b) Other dedu	clions	_
				l		property	(4)	(altach schedule)		(attach sched		
(1)	N/A			1					$\neg$			
(2)	**/ **								$\neg$			
									$\neg$			_
(3)				1								
(4)	4. Amount of average	5. Average adjust	ed hasis						$\neg$	8. Allocable ded		_
	acquisition debt on or	of or allocable	e to			. Column 4 divided		iross income reportable	1	(column 6 x total o		
	allocable to debt-financed property (attach schedule)	debt-financed pr (attach sched				column 5	(0	column 2 x column 6)		3(a) and 3(		
200	property (under maneure)	(attauti dall'a		-		%			_			_
(1)				1	_	9/6			+			
(2)						9/2			+			
(3)				-		96	_		-		_	
(4)				1			_	bers and on re	1 .	Enter here cad	on no	go 1
								here and on page I, line 7, column (A)		Enter here and Part I, line 7, co		
							` ~~``	, (1)	1 '		. =	,-,-
Tota					2070				+		_	_
Tot	al dividends-received ded	uctions included	in colum	in 8	4154						10 T	
										Form 99	70-1	(2017)

L ASSOC	CIAT	ION OF	IN E	VESTORS	3	8-21114	35	a a la ata		Page 4		
uitles, Roy	ailles	, and Re	Exem	ot Controlled	Orga	anizations	ions (s	see instru	iction	5)		
ide		oyer number	3. Net uni	related income	4. To	tal of specified	included	in the contro	lling	Deductions directly connected with income in column 5		
									$\dashv$			
ations												
				9. Total of specifie payments made		included in	he controll	ing		Deductions directly ated with income in calumn 10		
			_									
						Enter here a	nd on page	e 1,	Enter I	columns 6 and 11. here and on page 1 , line 8, column (B).		
ncome of a	Secti	ion 501(c	c)(7),	(9), or (17)	Org	anization (	see ins	tructions)	)			
	2.	Amount of inco	ome	directly o	onneclo				ı	5. Total deductions nd set-asides (col. 3 plus col.4)		
	-			<u> </u>					-			
	1		_	<b>+</b>								
				1								
	1			1								
<b></b>	Part I	, line 9, colur	mn (A).						Enter Part	r here and on page 1, I, line 9, column (B).		
mpt Activi	ty inc	ome, Uti	ner II	nan Advert	ising	g income (s	see inst	ructions)	-			
		directly connected w production unrelated	rilh of	from unrelated trad th or business (column 2 minus column 3). If a gain, compute		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7		d trade 5. Gross incom column from activity the mn 3). is not unrelate business incom		altributable	to	7. Excess exempt expenses (column 8 minus column 5, but not more than column 4).
	_		$\dashv$		$\dashv$				_			
					-		-					
					$\neg$							
page 1, Part I		page 1, Par	ti,							Enter here and on page 1, Part II, line 26,		
ncome (see	instru	ctions)								4		
			a Con	solidated	Basi	S						
2. Gross advertising income		3. Direct		4. Advertising gain or (loss) (c 2 minus col. 3). a gain, comput	ol ol of			6. Readersl costs	nip	7, Excess readership costs (column 6 minus column 5, but not more than column 4).		
114,	585	62,	761			195,4	118	258,	311			
					[					Į		
					[							
					_							
114,	585	62,	761	51,8	324	195,	118	258,	311	51,824 Form <b>990-T</b> (2017		
	ations  Bempt Activi  2. Gross unrelated business incomfrom Irade of business  Enter here and page 1, Part line 10, col. (A page 1), and the page 1, part line 10, col. (A page 2), and the page 1, part line 10, col. (A page 3), and the page 1, part line 10, col. (A page 4), and the page 1, part line 10, col. (A page 4), and the page 1, part line 10, col. (A page 4), and the page 1, part line 10, col. (A page 4), and the page 1,	ations  8. Net unre (loss) (see  2. Gross unrelated business income from Irade or business  Enter here and on page 1, Part I, line 10, col. (A).  Come (see instruction of the compage 1, Part I).  Income (see instruction of the compage 1, Part I).  Income (see instruction of the compage 1, Part I).  Income (see instruction of the compage 1, Part I).  Income (see instruction of the compage 1, Part I).  Income (see instruction of the compage 1, Part I).  Income (see instruction of the compage 1, Part I).  Income (see instruction of the compage 1, Part I).  Income (see instruction of the compage 1, Part I).  Income (see instruction of the compage 1, Part I).  Income (see instruction of the compage 1, Part I).  Income (see instruction of the compage 1, Part I).	ations  8. Net unrelated income (loss) (see instructions)  Enter here and on Part I, line 9, columer from Irade or business income from Irade or business income page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (A).  Come (see instructions)  Periodicals Reported on advertising concents advertising columns.	ations  8. Net unrelated income (loss) (see instructions)  8. Net unrelated income (loss) (see instructions)  Enter here and on page 1, Part I, line 9, column (A).  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (B).  Periodicals Reported on a Corelation of advertising income advertising advertising costs  114,585 62,761	ations  8. Net unrelated income (loss) (see instructions)  8. Net unrelated income (loss) (see instructions)  8. Net unrelated income (loss) (see instructions)  9. Total of specific payments made directly of (attach seemet and on page 1, Part I, line 9, column (A).  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).	ations  8. Net unrelated income (loss) (see instructions)  8. Net unrelated income (loss) (see instructions)  9. Total of specified payments made  2. Amount of income  2. Amount of income  2. Amount of income  2. Gross unrelated business income from Inade or business income from Inade or business income  1. September 2. Expenses directly connected with production of unrelated business income from Inade or business income from Inade or business Reported on a Consolidated Basiness advantaging income (see instructions)  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).  Enter here and on page 1, Part I, line 10, col. (B).	Lemployer identification number  2. Employer identification number  3. Net unrelated income (loss) (see instructions)  4. Net unrelated income (loss) (see instructions)  5. Net unrelated income (loss) (see instructions)  6. Net unrelated income (loss) (see instructions)  7. Total of specified payments made  10. Part of cincluded in organization (loss) (see instructions)  8. Net unrelated income (loss) (see instructions)  8. Net unrelated income (loss) (see instructions)  8. Net unrelated income (loss) (see instructions)  9. Total of specified payments made  10. Part of cincluded in organization (loss) (lose) (loss) (loss) (lose) (loss) (l	Exempt Controlled Organizations  3. Net unrelated income (loss) (see instructions)  8. Net unrelated income (loss) (see instructions)  8. Net unrelated income (loss) (see instructions)  9. Total of specified payments made  19. Part of calumn 9 the included in the controll organization (see instructions)  19. Total of specified payments made  19. Part of calumn 9 the included in the controll organization (see instructions)  19. Total of specified payments made  19. Part of specified payments made  19. Part of calumn 9 the included in the controll organization (see instructions)  19. Total of specified payments made  19. Part of calumn 9 the included in the controll organization (see instructions)  19. Part of calumn 9 the included in the controll organization (see instructions)  2. Amount of income  2. Amount of income  2. Amount of income  2. Amount of income  3. Deduction of calumn 10 the included in the controll organization (see instructions)  2. Enter here and on page 1, Part I, line 9, column (A).  2. Enter here and on unrelated trade or business income of the included or business income on unrelated unrelated unrelated trade or business (column 3). If a gain, compute cols, 5 through 7.  2. Cross and the included in the controll organization (see instructions)  2. Cross and the included in the controll organization (see instructions)  2. Cross and the included in the controll organization (see instructions)  2. Cross and the included in the controll organization (see instructions)  2. Cross and the included in the controll organization (see instructions)  3. Deduction of the included in the controll organization (see instructions)  4. Net income (see instructions)  5. Cross income from activity interest organization (see instructions)  2. Cross and the included in the controll organization (see instructions)  3. Deduction of the included in the controll organization (see instructions)  4. Set as a set and the included in the controll organization (see instructions)  5. Cross income from activity included i	uities, Royalties, and Rents From Controlled Organizations (see instructions)  2. Employer Identification number  2. Employer Identification number  2. Employer Identification number  (pose) (see instructions)  3. Net unrelated income (pose) (see instructions)  4. Total of specified payments made  2. And defolutions 5 and 10. Enter here and on page 1, Part I, line 9, column (A).  Enter here and on page 1. Part I, line 9, column (A).  Enter here and on page 1. Part I, line 9, column (A).  Enter here and on page 1. Part I, line 9, column (A).  Enter here and on page 1. Part I, line 9, column (A).  Enter here and on page 1. Part I, line 9, column (A).  Enter here and on page 1. Part I, line 9, column (A).  Enter here and on page 1. Part I, line 9, column (A).  Enter here and on page 1. Part I, line 9, column (A).  Enter here and on page 1. Part I, line 9, column (A).  Enter here and on page 1. Part I, line 9, column (A).  Enter here and on page 1. Part I, line 9, column (A).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (C).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (C).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).  Enter here and on page 1. Part I, line 10, col. (B).	Lengtoyer (derification number information)  2. Employer (derification number information)  2. Net unrelated income (dose) (see instructions)  3. Net unrelated income (dose) (see instructions)  3. Net unrelated income (dose) (see instructions)  4. Net unrelated income (dose) (see instructions)  5. Net unrelated income (dose) (see instructions)  6. Net unrelated income (dose) (see instructions)  7. Total of specified payments made included in the controlling organization's gross income (dose) (see instructions)  8. Net unrelated income (dose) (see instructions)  8. Net unrelated income (dose) (see instructions)  9. Total of specified payments made (dose) (see instructions)  10. Part I, line 8, column (A).  11. Ceducation (see instructions)  12. Amount of income (dose) (datach schedule)  13. Expanses directly connected (altach schedule)  14. Net income (see instructions)  15. Enter here and on page 1, Part I, line 9, column (A).  16. Enter here and on page 1, Part I, line 9, column (A).  17. Enter here and on page 1, Part I, line 9, column (A).  18. Expanses directly connected vibrations (column (A))  19. Enter here and on page 1, Part I, line 10, col. (G).  19. Enter here and on page 1, Part I, line 10, col. (G).  10. Enter here and on page 1, Part I, line 10, col. (G).  10. Enter here and on page 1, Part I, line 10, col. (G).  10. Enter here and on page 1, Part I, line 10, col. (G).  10. Enter here and on page 1, Part I, line 10, col. (G).  10. Enter here and on page 1, Part I, line 10, col. (G).  11. 4, 585 62, 761 62, 761 62, 761 62, 761 63, 761		

Form 990-T (2017) NATIONAL ASSOCIATION OF INVESTORS 38-2111435

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

2 through 7 on a	a line-by-line bas	sis.)				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation Income	5. Readership costs	7, Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	114,585	62,761				51,824
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).  114,585	Enter here and on page 1, Part I, line 11, col. (8).				Enter here and on page 1, Part II, line 27, 51,824
Schedule K - Compensation	on of Officers,	Directors, and	Trustees (see in	nstructions)		

OCHOODIC IT	bonipensation of officers, birecte	is, and indices (see instructions)		
	1. Name	2. Title	3. Percent of lime devoted to business	Compensation attributable to unrelated business
(1) N/A			%	
(2)			%	
(3)			%	
(4)			%	
Total Enter here a	nd on page 1 Part II line 14		•	

Form 990-T (2017)

38-2111435	Federal	Statements	Page
	Statement 1 - Form 990-T,	Part I, Line 12 - Other Income	
	Description	Amount	
SHARED SERVICE		\$ 322,845	
TOTAL		\$ 322,845	
	Statement 2 - Form 990-T, Pa	ert II, Line 28 - Other Deductions	
	Description	Amount	
OCCUPANCY		\$ 19,643	
TOTAL		\$ 19,643	
		8	

1-2

Form **2220** 

# FORM 990-T Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2017

Department of the Treasury Internal Revenue Service ► Attach to the corporation's tax return.
►Go to www.irs.gov/Form2220 for instructions and the latest information.

NATIONAL ASSOCIATION OF INVESTORS CORPORATION

Employer Identification number

38-2111435 e IRS will figure any penalty

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Pa	art I Required Annual Payment						
1	Total tax (see instructions)					1	13,036
	Personal holding company tax (Schedule PH (Form 11	,.	5000	12a			
b	Look-back interest included on line 1 under section 460(b)(2) fo						
	contracts or section 167(g) for depreciation under the income for	recast	method	2b			
C	Credit for federal tax paid on fuels (see instructions)	5,3,5 .		2c		1	
d				tetooo teersto tees	A10.00   0.000 KA1	2d	
3	Subtract line 2d from line 1. If the result is less than \$5	00, <b>d</b> c	not complete or file t	his form. The corpora	ition		
	doesn't owe the penalty	(i) - (i)				3	13,036
4	Enter the tax shown on the corporation's 2016 income tax ret	um. Se	ee instructions. Caution:	If the tax is zero or			
	the tax year was for less than 12 months, skip this line and en	ter the	amount from line 3 on lir	ne 5		4	
5	Required annual payment. Enter the smaller of line			is required to skip line	e 4, enter		
	the amount from line 3					5	13,036
Pá	art II Reasons for Filing—Check the box				necked,	the corpo	ration must file
	Form 2220 even if it doesn't owe a	enal	ty. See instruction	ıs			
6	The corporation is using the adjusted seasonal ins	tallme	nt method.				
7	The corporation is using the annualized income ins	tallme	ent method.				
8	The corporation is a "large corporation" figuring its	first re	equired installment bas	ed on the prior year's	tax.		
Pa	art III Figuring the Underpayment						
			(a)	(b)	(0	)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day						
	of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th					1	
	months of the corporation's tax year	9	01/15/18	03/15/18	06/1	5/18	09/15/18
10	Required installments. If the box on line 6 and/or line 7 above is						
	checked, enter the amounts from Schedule A, line 38. If the box on			1			
	Ilne 8 (but not 6 or 7) is checked, see instructions for the amounts to						
	enter, If none of these boxes are checked, enter 25% (0.25) of line 5						
	above in each column	10	3,259	3,259		3,259	3,259
11							
	enter the amount from line 11 on line 15. See instructions	11					
	Complete lines 12 through 18 of one column before going to the						
	next column.						
12		12					
13		13					
14	Add amounts on lines 16 and 17 of the preceding column	14		3,259		6,518	9,777
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0	0		0	0
16		15		- 1			
10		16		3,259		6,518	
47	Otherwise, enter -0-	10		3,239		0,510	
1/	Underpayment. If line 15 is less than or equal to line 10, subtract line						
	15 from line 10. Then go to line 12 of the next column. Otherwise, go	ا ۔. ا	2 250	3 350		3,259	3,259
	to line 18	17	3,259	3,259		3,259	3,259
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line						
_	15. Then go to line 12 of the next column	18	10455	,			
GO	to Part IV on page 2 to figure the penalty. Do not go	to Pai	n IV IT there are no el	ntries on line 17—no	penalty i	5 owed.	

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2017)

_	Part IV Figuring the Penalty	ON	OF INVES	STORS 38-21	.11435	Page 2
_	are regaring more many		(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the					
	close of the tax year, whichever is earlier. (C Corporations with tax					
	years ending June 30 and 5 corporations: Use 3rd month instead					
	of 4th month. Form 990-PF and Form 990-T filers: Use 5th month					
	instead of 4th month.) See instructions	19	SEE WOR	KSHEET		
20	Number of days from due date of installment on line 9 to the date					
	shown on line 19	20				
24	Number of data and loss DO all a MACIONAT L. C. 2040047	21				
27	Number of days on line 20 after 4/15/2017 and before 7/1/2017					
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	s	s	s	s
44	Onderpayment on line 17 X					
23	Number of days on line 20 after 6/30/2017 and before 10/1/2017	23				
24	Underpayment on line 17 x Number of days on line 23 X 4% (0.04)	24	S	\$	\$	\$
	365					
25	Number of days on line 20 after 9/30/2017 and before 1/1/2018	25				
		١		1.		
26	Underpayment on line 17 x Number of days on line 25 x 4% (0.04)	26	<u>s</u>	\$	\$	5
	•••	27				
27	Number of days on line 20 after 12/31/2017 and before 4/1/2018	21				
	Underpayment on line 17 x Number of days on line 27 x 4% (0.04)	28	\$	\$	s	s
28	Underpayment on line 17 x Harries of days of the 27 x 474 (0.04)		1			
29	Number of days on line 20 after 3/31/2018 and before 7/1/2018	29				
	Number of days of line 20 and 0.01/2010 and 0.000 7/1/2010					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
	365					
31	Number of days on line 20 after 6/30/2018 and before 10/1/2018	31				
32	Underpayment on line 17 x Number of days on line 31 X *%	32	\$	\$	\$	\$
	365					
33	Number of days on line 20 after 9/30/2018 and before 1/1/2019	33				
24	Underpayment on line 17 x Number of days on line 33 x *%	١.,			m	
34	Underpayment on line 17 x 365	34	\$	\$	\$	\$
		35				
35	Number of days on line 20 after 12/31/2018 and before 3/16/2019	35	<b>+</b>			
20	Underpayment on line 17 x Number of days on line 35 x %	36	s	\$	s	s
36	Underpayment on line 17 x 365	-	1			
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	s	s	s	s
-1	יוטע יווטע בבן בדן בטן בטן טטן עב, טדן פווט טט - י י י י י י י י י י י י י י י י י					
38	Penalty. Add columns (a) through (d) of line 37. Enter the total here and	on For	n 1120, line 33; or the o	omparable		
	line for other income tax returns	****		*********		38 \$ 228

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form <b>222</b>	ΩI	Fo	rm 2220 Workshee	t		2017
Form 444		year 2017, or tax year	beginning 10/01/1	7 , and end	ing 09/30	
me						loyer Identification Number
NATIONAL CORPORAT	2-14-14-14	ON OF INVEST	FORS		38-	-2111435
		1st Quarter	2nd Quarter	3	rd Quarter	4th Quarter
Due date of es	stimated payment	01/15/18	03/15/18	06	/15/18	09/15/18
Amount of und	lerpayment	3,259	3,259	1	3,259	3,25
Prior year ove	rpayment applied		<del></del> .			
	1st Pa	yment 2nd	Payment 3rd Paym	ient	4th Payment	5th Payment
Date of payme		yment 2nd	Payment 3rd Paym	nent	09/17/18	
Date of payme	ent	yment 2nd	Payment 3rd Paym	nent		
	ent	yment 2nd	Payment 3rd Paym  UNDERPAYMENT	#DAYS	09/17/18	
Amount of pay	ent yment		UNDERPAYMENT		09/17/18 16,57	70
Amount of pay  OTR  1	rment	TO	UNDERPAYMENT 3,259	#DAYS	09/17/18 16,57 RATE	PENALTY
QTR 1	FROM	TO 3/31/18 9/17/18	UNDERPAYMENT  3,259 3,259	#DAYS	09/17/18 16,57 RATE 4.00	PENALTY 2
Amount of pay	FROM 1/15/18 3/31/18 3/15/18	TO 3/31/18 9/17/18 3/31/18	UNDERPAYMENT 3,259 3,259 3,259	#DAYS  75 170	09/17/18 16,57 RATE 4.00 5.00	PENALTY
2TR 1 1 2 2 2	FROM 1/15/18 3/31/18 3/15/18 3/31/18	TO 3/31/18 9/17/18 3/31/18 9/17/18	UNDERPAYMENT  3,259 3,259 3,259 3,259 3,259	#DAYS  75 170 16	09/17/18 16,57 RATE 4.00 5.00 4.00 5.00	PENALTY
Amount of pay  OTR   1  2	FROM 1/15/18 3/31/18 3/15/18	TO 3/31/18 9/17/18 3/31/18 9/17/18 9/17/18	UNDERPAYMENT  3,259 3,259 3,259 3,259 3,259 3,259	#DAYS  75 170 16 170	09/17/18 16,57 RATE  4.00 5.00 4.00	PENALTY
2TR 1 1 2 2 3 3	FROM 1/15/18 3/31/18 3/15/18 3/31/18 6/15/18	TO 3/31/18 9/17/18 3/31/18 9/17/18	UNDERPAYMENT  3,259 3,259 3,259 3,259 3,259	#DAYS  75 170 16 170 94	PATE 4.00 5.00 4.00 5.00 5.00 5.00	PENALTY