

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Header section A-M containing organization name, address, identification numbers, and tax status.

Part I Summary

Table with 22 rows detailing financial and governance information, including revenue, expenses, and net assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature, preparer name, date, and firm information.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_

# 2018

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**ASSOCIATION OF FUNDRAISING PROFESSIONALS**

**13-2590764**

Name and title of officer

**MIKE GEIGER  
PRESIDENT AND CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b <b>11,016,542.</b>
2a Form 990-EZ check here ▶	b Total revenue, if any (Form 990-EZ, line 9) .....	2b
3a Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22) .....	3b
4a Form 990-PF check here ▶	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b
5a Form 8868 check here ▶	b Balance Due (Form 8868, line 3c) .....	5b

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **TATE AND TRYON** to enter my PIN **22203**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ **10/23/19**

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **52472820036**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ **10/24/2019**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

Type or print	Enter filer's identifying number	
	Name of exempt organization or other filer, see instructions. <b>ASSOCIATION OF FUNDRAISING PROFESSIONALS</b>	Employer identification number (EIN) or <b>13-2590764</b>
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. <b>4300 WILSON BLVD, NO. 300</b>	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ARLINGTON, VA 22203</b>		

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**DAVID SIGMAN, CPA**

- The books are in the care of ▶ **4300 WILSON BLVD SUITE 300 - ARLINGTON, VA 22203**  
Telephone No. ▶ **703-519-8478** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box  ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2018 or  
▶ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  
Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ASSOCIATION OF FUNDRAISING PROFESSIONALS (AFP) REPRESENTS APPROXIMATELY 32,000 MEMBERS IN MORE THAN 241 CHAPTERS THROUGHOUT THE WORLD, WORKING TO ADVANCE PHILANTHROPY THROUGH ADVOCACY, RESEARCH, EDUCATION AND CERTIFICATION PROGRAMS. THE ASSOCIATION FOSTERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PROFESSIONAL DEVELOPMENT: THIS PROGRAM IS THE HOME OF THE ASSOCIATION'S NON-DUES REVENUE PROGRAMS FOCUSED ON PROFESSIONAL DEVELOPMENT AND INFORMATION RESOURCES. KEY PROGRAMS AND PROJECTS INCLUDE THE INTERNATIONAL FUNDRAISING CONFERENCE; VARIOUS EDUCATION AND TRAINING PROGRAMS SUCH AS FUNDAMENTALS OF FUNDRAISING, CFRE REFRESHER, AFP'S WEBINAR SERIES, E-COURSES, FUNDRAISING PRINCIPLES AND PRACTICE COURSE, AND FACULTY TRAINING ACADEMY; AND INFORMATION RESOURCES INCLUDING ADVANCING PHILANTHROPY MAGAZINE, THE READY REFERENCE BOOKS SERIES, AND ONLINE "HOT TOPIC" ANNOTATED SUMMARIES OF RESOURCES RELATED TO KEY FUNDRAISING TOPICS. ALL THESE PROGRAMS HELP FULFILL THE ASSOCIATION'S STRATEGIC GOAL TO PROVIDE RELEVANT, QUALITY EDUCATION.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) MARKETING AND COMMUNICATIONS: THIS PROGRAM IS RESPONSIBLE FOR INFORMING THE MEMBERS AND GENERAL PUBLIC OF THE ASSOCIATION'S MISSION AND CORE ACTIVITIES THROUGH VARIOUS MEDIA SUCH AS SOCIAL MEDIA, WEBSITES, AND THE DESIGN OF VISUAL MARKETING AND PROMOTIONAL MATERIALS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) MEMBER AND CHAPTER SERVICES: THIS PROGRAM FOCUSES ON THE MEMBER EXPERIENCE TO ENSURE THAT EACH MEMBER RECEIVES THE FULL BENEFIT OF THE SERVICES OFFERED THROUGH THEIR MEMBERSHIP TO ASSIST THEM IN PRACTICING EFFECTIVE AND ETHICAL FUNDRAISING. MEMBER AND CHAPTER SERVICES ALSO ACTS AS A LIAISON TO THE ASSOCIATION CHAPTERS TO ENSURE THAT MEMBERS EXPERIENCE THE SAME BENEFITS ON A LOCAL LEVEL.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	N/A	
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	N/A	
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	N/A	
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	N/A	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part 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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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		28
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>CANADA, MEXICO</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?	X	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b> N/A		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? N/A		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders N/A	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? N/A <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	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	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 35		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 34		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 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 **▶**  
**DAVID SIGMAN, CPA - 703-519-8478**  
**4300 WILSON BLVD SUITE 300, ARLINGTON, VA 22203**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANN HALE, MA, CFRE CHAIR	4.00 4.00	X		X			0.	0.	0.	
(2) MARTHA SCHUMACHER, CFRE, ACFRE, CHAIR-ELECT	4.00 4.00	X		X			0.	0.	0.	
(3) PATRICK FEELEY, MBA, CFRE IMMEDIATE PAST CHAIR	4.00 4.00	X		X			0.	0.	0.	
(4) DAVID WHITEHEAD, CFRE TREASURER	4.00 4.00	X		X			0.	0.	0.	
(5) SCOTT DECKSHEIMER, CFRE SECRETARY	4.00 0.00	X		X			0.	0.	0.	
(6) KEVIN FOYLE, MBA, CFRE VICE CHAIR, MEMBERSHIP	4.00 0.00	X		X			0.	0.	0.	
(7) MICHAEL DELZOTTI, MA, CSPG, CFR VICE CHAIR, EXTERNAL RELATIONS	4.00 0.00	X		X			0.	0.	0.	
(8) VIVIAN ANN SMITH, CFRE VICE CHAIR, PROFESSIONAL DEV.	4.00 0.00	X		X			0.	0.	0.	
(9) BRIAN BONDE, ACFRE VICE CHAIR, US RESOURCE DEV.	4.00 4.00	X		X			0.	0.	0.	
(10) ROGER ALI, MBA, CFRE VICE CHAIR, CANADA RESOURCE DEV.	4.00 0.00	X		X			0.	0.	0.	
(11) DAVID MADSON, ACFRE DISTRICT A	4.00 0.00	X					0.	0.	0.	
(12) PATI GREENWOOD, CFRE DISTRICT B	4.00 0.00	X					0.	0.	0.	
(13) KATHY SHORT-RABON, CFRM, CFRE DISTRICT C	4.00 0.00	X					0.	0.	0.	
(14) MELISSA WEISSE, CFRE DISTRICT D	4.00 0.00	X					0.	0.	0.	
(15) BRET HEINRICH, CFRE DISTRICT E	4.00 0.00	X					0.	0.	0.	
(16) MICHAEL BAKER, CFRE DISTRICT F	4.00 0.00	X					0.	0.	0.	
(17) LORI HUNTER OVERMYER, MBA, CFRE DISTRICT G	4.00 0.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JON STETTNER, MBA, CFRE DISTRICT H	4.00 0.00	X						0.	0.	0.
(19) JAYE LOPEZ VAN SOEST, CFRE DISTRICT I	4.00 0.00	X						0.	0.	0.
(20) AZZA MOHAMED KOURA DISTRICT J	4.00 0.00	X						0.	0.	0.
(21) LETICIA BECERRIL, MA DISTRICT K	4.00 0.00	X						0.	0.	0.
(22) JEREMY WELLS, CFRE DISTRICT L	4.00 0.00	X						0.	0.	0.
(23) BIRGIT SMITH BURTON AT-LARGE	4.00 0.00	X						0.	0.	0.
(24) CATHERINE CONNOLLY, MPA, CFRE AT-LARGE	4.00 0.00	X						0.	0.	0.
(25) D.C. DREGER, ACFRE AT-LARGE	4.00 0.00	X						0.	0.	0.
(26) LEAH EUSTACE, CFRE, ACFRE AT-LARGE	4.00 0.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,090,327.	189,105.	140,693.
<b>d Total (add lines 1b and 1c)</b>								1,090,327.	189,105.	140,693.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BRIGHTKEY, 60 WEST STREET, STE 300, ANNAPOLIS, MD 21401	MEMBERSHIP PAYMENT PROCESSING	309,774.
LANNCOMM, LLC - MESSAGE AGENCY 417 N 8TH ST, PHILADELPHIA, PA 19123	WEBSITE DEVELOPMENT	266,500.
AVID, 1629 K STREET NW STE300, WASHINGTON, DC 20006	A/V AND VIDEO PRODUCTION FOR CONFE	220,690.
CENTERPLATE, 900 CONVENTION CENTER, NEW ORLEANS, LA 70130	F&B FOR ICON	215,162.
PERSONIFY 6500 RIVER PL BLVD BLDG 3, AUSTIN, TX 78730	UPGRADE PROFESSIONAL SERVICES	162,480.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like R. SCOTT FORTNUM, MARK HEFTER, RACHEL K. HUTCHISSON, etc., with compensation details.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> MEMBERSHIP DUES	<b>Business Code</b> 900099	5,715,081.	5,715,081.			
	<b>b</b> REGISTRATION FEES	900099	2,921,871.	2,921,871.			
	<b>c</b> SPONSORSHIPS	900099	345,627.			345,627.	
	<b>d</b> EXHIBITOR FEES	900099	308,231.	308,231.			
	<b>e</b> ADVERTISING	541800	206,764.	23,005.	183,759.		
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		9,497,574.				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....					
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....			1,245,275.			1,245,275.	
<b>6 a</b> Gross rents .....		(i) Real	30,141.				
		(ii) Personal	0.				
		<b>c</b> Rental income or (loss) .....	30,141.				
<b>d</b> Net rental income or (loss) .....			30,141.			30,141.	
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	26,927.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	19,439.				
	<b>c</b> Net income or (loss) from sales of inventory .....		7,488.	7,488.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> LEASEHOLD INCENTIVE INCOME	900099	90,314.			90,314.		
<b>b</b> MISCELLANEOUS	900099	63,807.			63,807.		
<b>c</b> REIMBURSEMENT FROM CA CHAPTER	900099	57,500.			57,500.		
<b>d</b> All other revenue .....	900099	24,443.			24,443.		
<b>e Total.</b> Add lines 11a-11d .....		236,064.					
<b>12 Total revenue.</b> See instructions .....		11,016,542.	8,975,676.	183,759.	1,857,107.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	288,198.			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	569,761.			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,377,419.			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,726.			
<b>9</b> Other employee benefits .....	261,524.			
<b>10</b> Payroll taxes .....	222,196.			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	66,003.			
<b>c</b> Accounting .....	50,713.			
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,862,088.			
<b>12</b> Advertising and promotion .....	197,802.			
<b>13</b> Office expenses .....	706,445.			
<b>14</b> Information technology .....	109,315.			
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,537,777.			
<b>17</b> Travel .....	271,781.			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	995,232.			
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	209,959.			
<b>23</b> Insurance .....	140,571.			
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PRINTING &amp; PUBLICATIONS</b>	200,337.			
<b>b</b> <b>SPONSORSHIPS</b>	110,448.			
<b>c</b> <b>DUES/SUBSCRIPTIONS</b>	62,637.			
<b>d</b> <b>AWARDS &amp; HONORARIUMS</b>	61,293.			
<b>e</b> All other expenses	103,377.			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	10,483,602.			
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,392,930.	<b>1</b>	4,715,555.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	91,270.	<b>4</b>	38,121.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	92,767.	<b>8</b>	77,012.
	<b>9</b> Prepaid expenses and deferred charges .....	400,059.	<b>9</b>	374,230.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,382,379.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,993,492.	729,988.	<b>10c</b> 1,388,887.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	40,436.	<b>15</b>	133,630.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,747,450.	<b>16</b>	6,727,435.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	588,963.	<b>17</b>	1,340,084.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	4,528,366.	<b>19</b>	4,400,446.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,058,191.	<b>25</b>	882,035.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,175,520.	<b>26</b>	6,622,565.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	-428,070.	<b>27</b>	104,870.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	-428,070.	<b>33</b>	104,870.	
<b>34</b> Total liabilities and net assets/fund balances .....	5,747,450.	<b>34</b>	6,727,435.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,016,542.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,483,602.
3	Revenue less expenses. Subtract line 2 from line 1	3	532,940.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-428,070.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	104,870.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
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 of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in 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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization

**ASSOCIATION OF FUNDRAISING PROFESSIONALS**

Employer identification number

**13-2590764**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
AFP PAC	ARLINGTON, VA 22203	13-2590764	0.	0.

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

**SEE PART IV FOR CONTINUATION**

832041 11-08-18



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		X
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	X	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	5,715,081.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	33,173.
<b>b</b> Carryover from last year .....	<b>2b</b>	-244,914.
<b>c</b> Total .....	<b>2c</b>	-211,741.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	222,888.
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	-434,629.
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART I-A, LINE 1:**

**AFP CONDUCTS POLITICAL ACTIVITIES SOLELY THROUGH ITS CONNECTED SECTION 527 FEDERAL POLITICAL ACTION COMMITTEE.**

**PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:**

**AFP PAC**



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization: ASSOCIATION OF FUNDRAISING PROFESSIONALS
Employer identification number: 13-2590764

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including checkboxes and dollar amount fields.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,367,274.	1,825,883.	541,391.
d Equipment		7,826.	3,782.	4,044.
e Other		1,007,279.	163,827.	843,452.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,388,887.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT-LEASEHOLD	868,248.
(3) DEPOSIT-SUBLEASE	13,787.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	882,035.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	11,116,658.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	125,667.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	64,763.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	190,430.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	10,926,228.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	90,314.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	90,314.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	11,016,542.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	10,575,407.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	125,667.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	56,452.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	182,119.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	10,393,288.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	90,314.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	90,314.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	10,483,602.

**Part XIII Supplemental Information.**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

PAC REVENUES IN CONSOLIDATED F/S	45,324.
COST OF GOODS SOLD	19,439.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	64,763.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

LEASEHOLD INCENTIVE INCOME	90,314.
----------------------------	---------

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD	19,439.
PAC EXPENSES IN CONSOLIDATED F/S	37,013.

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 2D 56,452.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LEASEHOLD INCENTIVE INCOME 90,314.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization: **ASSOCIATION OF FUNDRAISING PROFESSIONALS**  
Employer identification number: **13-2590764**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	2	PROGRAM SERVICES	MEMBERSHIP SERVICES & EDUCATION PROGRAMS	387,526.
<b>3 a</b> Subtotal .....	0	2			387,526.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	2			387,526.

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Series of horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **ASSOCIATION OF FUNDRAISING PROFESSIONALS** Employer identification number **13-2590764**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AFP FOUNDATION FOR PHILANTHROPY 4300 WILSON BOULEVARD, SUITE 300 ARLINGTON, VA 22203	52-1241128	501(C)(3)	146,117.	0.			PROGRAM SUPPORT
AFP, LA GREATER NEW ORLEANS CHAPTER - PO BOX 969 - PEARL RIVER, LA 70452	74-2528246	501(C)(3)	25,000.	0.			SUPPORT FOR ICON18 EVENT FOR HOSTING CHAPTER

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **2.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **0.**

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

Schedule I (Form 990) (2018)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS PROVIDED TO AFP'S RELATED FOUNDATION, THE AFP FOUNDATION FOR  
PHILANTHROPY, ARE CAREFULLY DOCUMENTED AND MONITORED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **ASSOCIATION OF FUNDRAISING PROFESSIONALS** Employer identification number **13-2590764**

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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Schedule J (Form 990) 2018



**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MIKE GEIGER PRESIDENT AND CEO	(i)	313,234.	0.	1,180.	1,069.	36,868.	352,351.	0.
	(ii)	16,486.	0.	62.	56.	1,940.	18,544.	0.
(2) LORI GUSDORF EXEC VP, AFD FOUNDATIONS & AFP CA	(i)	13,244.	1,360.	117.	566.	3,311.	18,598.	0.
	(ii)	119,197.	12,240.	1,057.	5,098.	29,803.	167,395.	0.
(3) JEFFREY RUPP VP, PROFESSIONAL DEVELOPMENT	(i)	121,344.	9,024.	498.	4,939.	14,477.	150,282.	0.
	(ii)	6,387.	475.	26.	260.	762.	7,910.	0.
(4) JASON LEE CHIEF ADVOCACY AND STRATEGY OFFICER	(i)	213,506.	0.	428.	8,745.	23,826.	246,505.	0.
	(ii)	11,237.	0.	23.	460.	1,254.	12,974.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4A:

SEVERANCE PAYMENT:

VERA STOEVA - \$22,021

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

ASSOCIATION OF FUNDRAISING PROFESSIONALS

Employer identification number

13-2590764

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ASSOCIATION OF FUNDRAISING PROFESSIONALS EMPOWERS INDIVIDUALS AND ORGANIZATIONS TO PRACTICE ETHICAL FUNDRAISING THROUGH PROFESSIONAL EDUCATION, NETWORKING, RESEARCH AND ADVOCACY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPMENT AND GROWTH OF FUNDRAISING PROFESSIONALS AND PROMOTES HIGH ETHICAL STANDARDS IN THE FUNDRAISING PROFESSION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC POLICY, ADVOCACY, AND ETHICS: THIS PROGRAM HELPS ASSOCIATION MEMBERS UNDERSTAND HOW CRITICAL PUBLIC POLICY AND ETHICS ARE AND HOW TO ACT AS ADVOCATES IN THEIR COMMUNITIES AND ORGANIZATIONS FOR ETHICAL FUNDRAISING LAWS, REGULATIONS, AND STANDARD PRACTICES. THE OBJECTIVE AND INITIATIVES ARE TO DEVELOP MEMBER EDUCATION AND TOOL KITS FOR CHAPTER USE THAT MAKE PUBLIC POLICY AND ETHICS EASY TO UNDERSTAND AND ADVOCATE.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF ALL THE OFFICERS OF THE ASSOCIATION. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE, SUBJECT TO SUBSEQUENT APPROVAL OF THE BOARD, ALL THE POWERS OF THE BOARD WHEN NECESSARY BETWEEN MEETINGS OF THE BOARD, PARTNERING WITH THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO IDENTIFY COMMITTEE CHAIRS AND MEMBERS, ENSURING THE ANNUAL EVALUATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER'S PERFORMANCE AND EXCEPTING THE POWER TO FILL VACANCIES WITHIN THE BOARD OR

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Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization ASSOCIATION OF FUNDRAISING PROFESSIONALS	Employer identification number 13-2590764
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THE EXECUTIVE COMMITTEE. ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD DURING ITS NEXT SUCCEEDING MEETING.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS AND AFFILIATES

MEMBERS AND AFFILIATES OF THE ASSOCIATION SHALL ALSO BE ASSOCIATES OF THE ASSOCIATION'S CHARTERED CHAPTERS LOCATED IN THE CITY OR REGION IN WHICH THEY RESIDE OR HAVE THEIR PRINCIPAL PLACE OF BUSINESS. WHERE THERE IS NO CHAPTER ESTABLISHED WITHIN A DISTANCE SPECIFIED BY THE BOARD FROM TIME TO TIME, OF A MEMBER'S OR AFFILIATE'S RESIDENCE OR PLACE OF BUSINESS, INDIVIDUALS MAY BECOME MEMBERS AT-LARGE.

MEMBERS AND AFFILIATES MAY BE ASSOCIATED WITH MORE THAN ONE CHAPTER CONSISTENT WITH CRITERIA ESTABLISHED FROM TIME TO TIME BY THE BOARD.

MEMBERSHIP CATEGORIES

PROFESSIONAL: INDIVIDUALS WHO, AMONG OTHER RESPONSIBILITIES, HOLD SOME DEGREE OF ACCOUNTABILITY FOR INCOME-GENERATION WITHIN THE FUNDRAISING PROCESS, WHO MUST HOLD SOME DEGREE OF RESPONSIBILITY DIRECTLY FOR FUNDRAISING, WHO ARE COMPENSATED FOR THEIR SERVICES, AND WHO SUBSCRIBE TO THE AFP CODE OF ETHICAL PRINCIPLES AND STANDARDS AND PROMOTE THE DONOR BILL OF RIGHTS. ACTIVE MEMBERS IN GOOD STANDING MAY VOTE, SERVE ON CHAPTER OR ASSOCIATION COMMITTEES AND TASK FORCES AND HOLD ASSOCIATION OR CHAPTER OFFICE.

YOUNG PROFESSIONAL: INDIVIDUALS WHO HOLD SOME DEGREE OF RESPONSIBILITY

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DIRECTLY FOR FUNDRAISING, WORK WITHIN THE U.S. AND CANADA AND ARE COMPENSATED FOR THEIR SERVICES, AND ARE 30 YEARS OLD OR YOUNGER, MUST SUBSCRIBE TO THE AFP CODE OF ETHICAL PRINCIPLES AND STANDARDS AND ITS BYLAWS AND PROMOTE THE DONOR BILL OF RIGHTS AND BE EMPLOYED, OR HAVE BEEN EMPLOYED BY AN ORGANIZATION THAT PROVIDES BENEFITS TO SOCIETY.

RETIRED: INDIVIDUALS WHO NO LONGER PRACTICE AS PAID FUNDRAISING PROFESSIONALS BUT WHO, AT THE TIME THEY SEEK RETIRED MEMBER STATUS, HAVE BEEN PROFESSIONAL MEMBERS OF THE ASSOCIATION FOR THE IMMEDIATE PAST FIVE CONSECUTIVE YEARS AND SUBSCRIBE TO THE AFP CODE OF ETHICAL PRINCIPLES AND STANDARDS AND PROMOTE THE DONOR BILL OF RIGHTS. RETIRED MEMBERS IN GOOD STANDING MAY VOTE, SERVE ON CHAPTER BOARDS, COMMITTEES AND TASK FORCES, AS WELL AS ASSOCIATION COMMITTEES AND TASK FORCES, BUT MAY NOT HOLD ANY ASSOCIATION OFFICE.

ASSOCIATE: INDIVIDUALS OR VOLUNTEERS WHO ARE ENGAGED IN FIELDS RELATED TO FUNDRAISING AND FUNDRAISING SUPPORT, OR WHO HAVE MUTUAL INTERESTS WITH FUNDRAISING PROFESSIONALS, AND WHO SUBSCRIBE TO THE AFP CODE OF ETHICAL PRINCIPLES AND STANDARDS AND PROMOTE THE DONOR BILL OF RIGHTS. ASSOCIATE MEMBERS IN GOOD STANDING MAY VOTE, SERVE ON CHAPTER OR ASSOCIATION COMMITTEES AND TASK FORCES AND HOLD ASSOCIATION OR CHAPTER OFFICE.

COLLEGIATE: COLLEGIATE MEMBERSHIP IN THE ASSOCIATION SHALL BE OPEN TO STUDENTS IN A TWO OR FOUR-YEAR FULL TIME DEGREE GRANTING, CERTIFICATE, OR DIPLOMA PROGRAM AT AN ACCREDITED COLLEGE OR UNIVERSITY, OR INDIVIDUALS WHO SERVE AS A FACULTY ADVISOR FOR A COLLEGIATE CHAPTER OF AFP. COLLEGIATE MEMBERS MUST SUBSCRIBE TO THE AFP CODE OF ETHICAL PRINCIPLES AND STANDARDS AND PROMOTE THE DONOR BILL OF RIGHTS. MEMBERSHIP IN THIS CATEGORY IS

Name of the organization ASSOCIATION OF FUNDRAISING PROFESSIONALS	Employer identification number 13-2590764
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LIMITED TO THOSE STUDENTS AFFILIATED WITH A COLLEGIATE CHAPTER OF AFP. COLLEGIATE MEMBERS IN GOOD STANDING MAY VOTE, SERVE ON CHAPTER BOARDS, COMMITTEES AND TASK FORCES, AS WELL AS ASSOCIATION COMMITTEES AND TASK FORCES, BUT MAY NOT HOLD ANY ASSOCIATION OFFICE.

GLOBAL E-MEMBERSHIP: INDIVIDUALS OUTSIDE OF THE U.S. AND CANADA WHO WISH TO JOIN IN AN ELECTRONIC-ONLY BASED MEMBERSHIP CATEGORY. GLOBAL E-MEMBERSHIP MEMBERS MUST SUBSCRIBE TO THE AFP CODE OF ETHICAL PRINCIPLES AND STANDARDS AND PROMOTE THE DONOR BILL OF RIGHTS. GLOBAL E-MEMBERSHIP MEMBERS IN GOOD STANDING MAY VOTE, SERVE ON CHAPTER BOARDS, COMMITTEES AND TASK FORCES, AS WELL AS ASSOCIATION COMMITTEES AND TASK FORCES, BUT MAY NOT HOLD ANY ASSOCIATION OFFICE.

AFP BUSINESS MEMBERSHIP: FOR-PROFIT ORGANIZATIONS WHOSE WORK COMPLEMENTS THE FUNDRAISING PROFESSION. THE EXECUTIVE CIRCLE BUSINESS MEMBER SHALL BE ENTITLED TO DESIGNATE TWO EMPLOYEES TO RECEIVE FULL BENEFITS AS ASSOCIATE MEMBERS OF THE ASSOCIATION. ENDORSER BUSINESS MEMBERS SHALL BE ENTITLED TO DESIGNATE ONE EMPLOYEE TO RECEIVE FULL BENEFITS AS AN ASSOCIATE MEMBER OF THE ASSOCIATION. THE DESIGNATED INDIVIDUALS, AS WELL AS THE ORGANIZATION WHICH CONSTITUTES THE BUSINESS MEMBER, MUST SUBSCRIBE TO THE AFP CODE OF ETHICAL PRINCIPLES AND STANDARDS AND PROMOTE THE DONOR BILL OF RIGHTS. BUSINESS MEMBERS IN GOOD STANDING MAY, THROUGH THEIR DESIGNATED EMPLOYEES REFERENCED ABOVE, VOTE, SERVE ON CHAPTER OR ASSOCIATION COMMITTEES AND TASK FORCES AND HOLD ASSOCIATION OR CHAPTER OFFICE.

NONPROFIT ORGANIZATIONAL MEMBERSHIPS - LARGE: NONPROFIT ORGANIZATIONS WHO WISH TO HAVE MULTIPLE MEMBERS IN THE ASSOCIATION. THE ORGANIZATION WILL DESIGNATE A MINIMUM OF EIGHT (8) TO RECEIVE PROFESSIONAL MEMBER BENEFITS.

Name of the organization	ASSOCIATION OF FUNDRAISING PROFESSIONALS	Employer identification number	13-2590764
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MUST SUBSCRIBE TO THE AFP CODE OF ETHICAL PRINCIPLES AND STANDARDS AND PROMOTE THE DONOR BILL OF RIGHTS. NONPROFIT ORGANIZATIONAL MEMBERS IN GOOD STANDING MAY VOTE, SERVE ON CHAPTER OR ASSOCIATION COMMITTEES AND TASK FORCES AND HOLD ASSOCIATION OR CHAPTER OFFICE.

NONPROFIT ORGANIZATIONAL MEMBERSHIP - SMALL: NONPROFIT ORGANIZATIONS WHO CAN ANSWER YES TO ALL THE FOLLOWING CRITERIA:

- MUST BE A NONPROFIT ORGANIZATION
- AN OPERATING BUDGET OF LESS THAN \$1,000,000
- A FUNDRAISING DEPARTMENT WITH LESS THAN TWO FULL TIME EQUIVALENT STAFF
- INDIVIDUALLY INCORPORATED OR OTHERWISE ORGANIZED AS A SEPARATE ENTITY IN THE LAWS OF THE SPECIFIC COUNTRY; AND
- NOT AFFILIATED WITH A LARGER INSTITUTION SUPPORTING THEIR OPERATIONS.

THE ORGANIZATION WILL DESIGNATE ONE FUNDRAISING PROFESSIONAL TO RECEIVE THE BENEFITS OFFERED IN THIS MEMBERSHIP CATEGORY. MUST SUBSCRIBE TO THE AFP CODE OF ETHICAL PRINCIPLES AND STANDARDS AND PROMOTE THE DONOR BILL OF RIGHTS. NONPROFIT ORGANIZATIONAL MEMBERS IN GOOD STANDING MAY VOTE, SERVE ON CHAPTER OR ASSOCIATION COMMITTEES AND TASK FORCES AND HOLD ASSOCIATION OR CHAPTER OFFICE.

FORM 990, PART VI, SECTION A, LINE 7A:

MANNER OF ELECTION OF DIRECTORS

THE COMMITTEE ON DIRECTORSHIP SHALL RECOMMEND FOR ELECTION A SLATE OF DIRECTORS AND OFFICERS FOR AS MANY PERSONS AS THERE ARE DIRECTORSHIPS AND OFFICER POSITIONS TO BE FILLED. THE NAMES OF THE PERSONS SELECTED BY THE COMMITTEE ON DIRECTORSHIP AND, IF THE COMMITTEE SHALL SO CHOOSE, A BRIEF

Name of the organization	ASSOCIATION OF FUNDRAISING PROFESSIONALS	Employer identification number	13-2590764
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BIOGRAPHICAL SKETCH OF EACH, SHALL BE SENT TO THE MEMBERSHIP AT LEAST 15 DAYS PRIOR TO ELECTION. THE AFP MEMBERSHIP ELECTS THE PROPOSED BOARD SLATE DURING AN OPEN ELECTION.

THE OFFICERS OF THE ASSOCIATION SHALL BE ELECTED BY A MAJORITY VOTE OF THE MEMBERS OF THE BOARD FOLLOWING THE PRESENTATION OF A SLATE OF NOMINEES PREPARED BY THE COMMITTEE ON DIRECTORSHIP. SUCH ELECTIONS SHALL TAKE PLACE AT THE ANNUAL MEETING OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BYLAWS MAY BE AMENDED AT ANY DULY CONSTITUTED MEETING OF THE BOARD. A TWO-THIRDS AFFIRMATIVE VOTE OF THE DIRECTORS PRESENT AND VOTING SHALL BE REQUIRED FOR PASSAGE OF ANY PROPOSED AMENDMENT TO THE BYLAWS. BYLAW AMENDMENTS SHALL BE IN WRITING AND SHALL BE DISTRIBUTED BY THE BOARD TO THE MEMBERSHIP FOR RATIFICATION WITHIN THE 180 DAYS OF ADOPTION BY THE BOARD. ALL AMENDMENTS MUST BE RATIFIED BY A MAJORITY VOTE OF THE VOTES CAST BY THE VOTING MEMBERS OF THE ASSOCIATION IN GOOD STANDING, BEFORE THE AMENDMENTS CAN BE EFFECTIVE.

FORM 990, PART VI, SECTION B, LINE 11B:

THROUGH A BOARD RESOLUTION, THE AFP BOARD OF DIRECTORS HAVE GRANTED AUTHORITY TO THE AFP AUDIT COMMITTEE TO REVIEW THE FORM 990 BEFORE FILING. THE 990 IS REVIEWED BY AFP MANAGEMENT PRIOR TO MAKING IT AVAILABLE TO THE ENTIRE BOARD. THIS PROCESS TAKES PLACE PRIOR TO THE FILING OF THE 990.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS AND OFFICERS ARE COVERED BY THE CONFLICT OF INTEREST POLICY. AT THE ANNUAL ORIENTATION MEETING OF NEW BOARD MEMBERS, THE POLICY



Name of the organization	ASSOCIATION OF FUNDRAISING PROFESSIONALS	Employer identification number	13-2590764
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IS EXPLAINED IN DETAIL. AT THE FIRST BOARD MEETING EACH YEAR THE POLICY IS EXPLAINED IN DETAIL. ANNUALLY EACH BOARD MEMBER AND OFFICER MUST SIGN A CONFLICT OF INTEREST FORM. AT THE BEGINNING OF EACH BOARD MEETING, THE CHAIR ASKS FOR BOARD MEMBERS TO DIVULGE ANY POSSIBLE CONFLICTS WITH ITEMS ON THE AGENDA. THE BOARD THEN ADJUDICATES HOW TO PROCEED ON EACH (IF ANY) CONFLICT THAT WAS REVEALED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE OFFICE OF THE PRESIDENT COMMITTEE ("THE COMMITTEE"), CONSISTING OF THE AFP CHAIR, CHAIR-ELECT, IMMEDIATE PAST CHAIR, AND THE AFP FOUNDATION CHAIR, IS RESPONSIBLE FOR REVIEW OF THE PRESIDENT & CEO'S COMPENSATION. THE COMMITTEE USES AN INDEPENDENT CONSULTING FIRM TO PROVIDE COMPARABILITY EXECUTIVE COMPENSATION DATA FOR ORGANIZATIONS OF SIMILAR SIZE, SCOPE AND MEMBERSHIP; THE COMMITTEE ALSO EVALUATES THE PRESIDENT & CEO'S ANNUAL PERFORMANCE REVIEW AND THE ACHIEVEMENT OF PRIOR YEAR GOALS. THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION RECOMMENDATION PRESENTED BY THE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION FOR FUNDRAISING PROFESSIONALS' GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES	1,409,672.
CONSULTANT FEES	452,416.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,862,088.

Name of the organization

ASSOCIATION OF FUNDRAISING PROFESSIONALS

Employer identification number

13-2590764

FORM 990, PART XII, LINE 2C:

THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.

Multiple horizontal lines for additional text entry.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization **ASSOCIATION OF FUNDRAISING PROFESSIONALS** Employer identification number **13-2590764**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AFP FOUNDATION FOR PHILANTHROPY - 52-1241128 4300 WILSON BLVD., SUITE 300 ARLINGTON, VA 22203	GENERATE RESOURCES TO FUND AFP STRATEGIC INITIATIVES	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	ASSOCIATION OF FUNDRAISING PROFESSIONALS	X	
AFP PAC 4300 WILSON BLVD., SUITE 300 ARLINGTON, VA 22203	POLITICAL ACTIVITY	DISTRICT OF COLUMBIA	527		ASSOCIATION OF FUNDRAISING PROFESSIONALS	X	

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AFP FOUNDATION FOR PHILANTHROPY	B	146,117.	BOOK VALUE
(2) AFP FOUNDATION FOR PHILANTHROPY	Q	74,312.	BOOK VALUE
(3)			
(4)			
(5)			
(6)			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.