Form 990-EZ

Short Form

OMB No. 1545-0047

2023

Return of Organization Exempt From Income Tax

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

.

			Do not enter social security numbers on this fe	orm, as it may l	be made pu	iblic.	Open to Public
	artment nal Rev	on.	Inspection				
		enue Service e 2023 calendar					
	Check if		ame of organization	,	and ending	D Employer ide	entification number
í L		1 7 6	SSOCIATION OF FUNDRAISING PROFE	STANOTES			
		J-	06-13	70211			
		oonango	AIRFIELD COUNTY CHAPTER her and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone ni	
		return/ 42	-	51-3070			
		in a to a	or town, state or province, country, and ZIP or foreign postal code		480	F Group Exem	
			RLINGTON, VA 22203-4168			Number	3237
G		nting Method:	Cash X Accrual Other (specify)			H Check	X if the organization is
	Websi		.AFPFAIRFIELD.ORG				to attach Schedule B
J	Tax-ex	cempt status (ch	neck only one) $ X$ 501(c)(3) 501(c)() (insert no.)	4947(a)(1)	or 📃 527	(Form 990).	
			Corporation Trust X Association	Other			
L	Add lin	ies 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if total	assets (Part	11,	
(columr	n (B)) are \$500,0	000 or more, file Form 990 instead of Form 990-EZ			\$	38,063.
	art I	Revenue	e, Expenses, and Changes in Net Assets or Fun	d Balances	see the instru	uctions for Part I	
			organization used Schedule O to respond to any question in this Part I				X
	1		gifts, grants, and similar amounts received				341.
	2	Program servic	ce revenue including government fees and contracts				32,440.
	3	Membership d	ues and assessments			3	5,280.
	4		come		ULE O	4	2.
	5a		from sale of assets other than inventory				
	b		ther basis and sales expenses	5b			
	C		from sale of assets other than inventory (subtract line 5b from line 5a)			5c	
	6	-	Indraising events:				
Jue	a	* · - • • • ·	from gaming (attach Schedule G if greater than	6a			
Revenue	۱.		from fundraising events (not including \$	of contributions	`		
å	"		ng events reported on line 1) (attach Schedule G if the sum of such)		
			and contributions exceeds \$15,000)	6b			
	c	-	penses from gaming and fundraising events	6c			
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and st	ubtract line 6c)		6d	
	7a		inventory, less returns and allowances				
	b		loods sold				
	c		(loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8	Other revenue	(describe in Schedule O)				
	9		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				38,063.
	10		nilar amounts paid (list in Schedule 0)				
	11	Benefits paid to	o or for members			11	
es	12		compensation, and employee benefits				10 555
Expenses	13		ees and other payments to independent contractors				16,555.
Exp	14	Occupancy, rer	nt, utilities, and maintenance				
_	15		cations, postage, and shipping			15	10 500
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O Total expenses. Add lines 10 through 16					18,599. 35,154.
	17	-					2,909
ets	18	•	icit) for the year (subtract line 17 from line 9) und balances at beginning of year (from line 27, column (A))			18	2,309
I SS(19		ith end-of-year figure reported on prior year's return)			19	20,739.
Net Assets	20		in net assets or fund balances (explain in Schedule O)				0.
Ż	21						23,648
	1 - 1						

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2023)

11230416 755344 3090

ASSOCIATION OF FUNDRAISING PROFESSIONALS FAIRFIELD COUNTY CHAPTER

	rt II B	Balance Sheets (see the instructions for Part II)						
	С	beck if the organization used Schedule O to resp	ond to any quest					
				(A) Beginning of year		(B) E	nd of year	
22	Cash, say	vings, and investments		19,469	• 22		25,648.	
23					23			
24	Other ass	1 buildings sets (describe in Schedule 0) SEE SCHEDULE O		1,270	• 24		0.	
25				20,739			25,648.	
26	Total liat	sets bilities (describe in Schedule 0) SEE SCHEDULE O		0			2,000.	
27		ets or fund balances (line 27 of column (B) must agree with line 21)		20,739	1		23,648.	
	rt III S	Statement of Program Service Accomplishmer	nts (see the instru		• 21	E.	xpenses	
16		check if the organization used Schedule O to resp	`	,	X		for section	
Who	t in the orac	anization's primary exempt purpose?SEE SCHEDULE O	ond to any quest	ION IN UNS FAIL IN	<u></u>	501(c)(3)	and 501(c)(4)	
						organizati	ons; optional for	
		nization's program service accomplishments for each of its three largest program s the services provided, the number of persons benefited, and other relevant information of the service		enses. In a clear and concise		001013.)		
	-	TIONAL PROGRAM SERVICES	anon or oaon program anon					
28	EDUCA	IIIONAL PROGRAM SERVICES						
					, <u> </u>		0 000	
	(Grants \$) If this amount includes foreign g	rants, check here			28a	8,098.	
29	ANNUA	L NATIONAL PHILANTHROPY DAY CO	NFERENCE					
					, <u> </u>			
	(Grants \$) If this amount includes foreign g	rants, check here			29a	6,567.	
30								
	(Grants \$) If this amount includes foreign g	rants, check here			30a		
31	Other prog	gram services (describe in Schedule O)						
	(Grants \$) If this amount includes foreign g	rants, check here			31a		
						32	14,665.	
Pa	Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)							
			inployees (list each o	ne even il not compensated -	see ine	Instructions	for Part IV)	
		check if the organization used Schedule O to resp						
		· · · · ·		ion in this Part IV (c) Reportable	 (d) не	alth benefits,		
		· · · · ·	oond to any quest (b) Average hours per week devoted to	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) He contr emplo	alth benefits, ibutions to byee benefit	(e) Estimated amount of other	
		heck if the organization used Schedule O to resp	ond to any quest (b) Average hours	ion in this Part IV (c) Reportable compensation (Forms	(d) He contr emplo plans,	alth benefits, ibutions to	(e) Estimated	
		Check if the organization used Schedule O to resp (a) Name and title	oond to any quest (b) Average hours per week devoted to	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) He contr emplo plans,	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other	
PA	<u> </u>	Check if the organization used Schedule O to resp (a) Name and title	oond to any quest (b) Average hours per week devoted to	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) He contr emplo plans,	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other compensation	
PA	<u>C</u> M RIT ESIDE	Check if the organization used Schedule O to resp (a) Name and title TMAN CNT	(b) Average hours per week devoted to position	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) He contr emplo plans,	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation	
PA PR KI	C M RIT ESIDE MBERL	Check if the organization used Schedule O to resp (a) Name and title TTMAN INT INT IY PUGH	(b) Average hours per week devoted to position 3.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	(d) He contr emplo plans,	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation 0.	
PA PR KI IM	C M RIT ESIDE MBERL MEDIA	Check if the organization used Schedule O to resp (a) Name and title TMAN TT TT Y PUGH TE PAST PRESIDENT	(b) Average hours per week devoted to position	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) He contr emplo plans,	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation 0.	
PA PR KI IM MA	C M RIT ESIDE MBERL MEDIA RGARE	Check if the organization used Schedule O to resp (a) Name and title TMAN NT NY PUGH TE PAST PRESIDENT TH. REYNOLDS	bond to any quest (b) Average hours per week devoted to position 3.00 3.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred pensation 0 .	(e) Estimated amount of other compensation 0.	
PA PR KI IM MA VI	C M RIT ESIDE MBERL MEDIA RGARE CE PR	(a) Name and title 'TMAN NT Y PUGH TE PAST PRESIDENT T H. REYNOLDS ESIDENT ELECT	(b) Average hours per week devoted to position 3.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	(d) He contr emplo plans,	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation 0. 0.	
PA PR KI MA VI BR	C M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P	Check if the organization used Schedule O to resp (a) Name and title TMAN INT Y PUGH TE PAST PRESIDENT T H. REYNOLDS ESIDENT ELECT PENNINGTON	bond to any quest (b) Average hours per week devoted to position 3.00 3.00 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred pensation 0 . 0 .	(e) Estimated amount of other compensation 0. 0.	
PA PR KI MA VI BR TR	M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR	check if the organization used Schedule O to resp (a) Name and title TMAN TTMAN TTMAN TE PAST PRESIDENT TH. REYNOLDS ESIDENT ELECT ENNINGTON ER	bond to any quest (b) Average hours per week devoted to position 3.00 3.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred pensation 0 .	(e) Estimated amount of other compensation 0. 0.	
PARKIMAVI BRRINAVI BRRINAVI	M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR MEE M	check if the organization used Schedule O to resp (a) Name and title TMAN TTMAN TT PAST PRESIDENT TT H. REYNOLDS ESIDENT ELECT ENNINGTON ER IARCELLA	bond to any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred pensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0. 0. 0.	
PA PR KI MA VI BR TA I SE	M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR MEE M CRETA	Check if the organization used Schedule O to resp (a) Name and title TMAN TT AY PUGH TE PAST PRESIDENT TH. REYNOLDS ESIDENT ELECT ENNINGTON ER IARCELLA RY	bond to any quest (b) Average hours per week devoted to position 3.00 3.00 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred pensation 0 . 0 .	(e) Estimated amount of other compensation 0. 0. 0.	
PARIMAVIBRIA SE	C M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C	Check if the organization used Schedule O to resp (a) Name and title TMAN (a) Name and title (a) Name and title (a) Name and title (a) Name and title (a) Name and title (b) Name and title (c) Name and t	bond to any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred pensation 0 . 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0. 0. 0. 0.	
PARKIMAVI RRASEDI	M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO	Check if the organization used Schedule O to resp (a) Name and title TMAN INT Y PUGH TE PAST PRESIDENT TH. REYNOLDS ESIDENT ELECT ENNINGTON ER IARCELLA IRY ORDELLOS PR	bond to any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred pensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0. 0. 0. 0.	
PARKIMAVIBRAISEDICA	M RIT ESIDE MEERL MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO ROLIN	Check if the organization used Schedule O to resp (a) Name and title "TMAN INT Y PUGH TE PAST PRESIDENT T H. REYNOLDS ESIDENT ELECT PENNINGTON ER IARCELLA INT ORDELLOS PR IE CRAWFORD	any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred 0 . 0 . 0 . 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.	
PARTIMATIBRE BUCAP	M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO ROLIN -COMM	Check if the organization used Schedule O to resp (a) Name and title "TMAN INT Y PUGH TE PAST PRESIDENT T H. REYNOLDS ESIDENT ELECT ENNINGTON ER IARCELLA RY ORDELLOS R IE CRAWFORD UNICATIONS	bond to any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred pensation 0 . 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.	
PARKIMAVI BRAISEDICAPMA	M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO ROLIN -COMM RY AR	Check if the organization used Schedule O to resp (a) Name and title TMAN TT Y PUGH TE PAST PRESIDENT T H. REYNOLDS ESIDENT ELECT ENNINGTON ER IARCELLA RY CORDELLOS R IE CRAWFORD UNICATIONS CONTI GREGORY	any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and defermine 0. 0. 0. 0. 0. 0. 0. 0. 0.	X (e) Estimated amount of other compensation 0.	
PARKIMAU BRAISBUCAPMAD	M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO ROLIN -COMM RY AR RECTO	Check if the organization used Schedule O to resp (a) Name and title TMAN TT Y PUGH TE PAST PRESIDENT T H. REYNOLDS ESIDENT ELECT ENNINGTON ER IARCELLA RY CORDELLOS R IE CRAWFORD UNICATIONS CONTI GREGORY R	any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred 0 . 0 . 0 . 0 . 0 . 0 . 0 .	X (e) Estimated amount of other compensation 0.	
PARKIMAU BRAISBDCVMAUSH	C M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO ROLIN -COMM RY AR RECTO AYE A	Check if the organization used Schedule O to resp (a) Name and title TMAN (a) Name and title TMAN (b) TE PAST PRESIDENT (c) TE PAST	any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	X (e) Estimated amount of other compensation 0.	
PARKIMAU BRAISEDICVMDISD	C M RIT ESIDE MEDIA MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO ROLIN -COMM RY AR RECTO AYE A RECTO	Check if the organization used Schedule O to resp (a) Name and title TMAN (a) Name and title TMAN (b) PUGH (c) PUGH (c) PAST PRESIDENT (c) PAST P	any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and defermine 0. 0. 0. 0. 0. 0. 0. 0. 0.	X (e) Estimated amount of other compensation 0.	
PARKIMAU BRAISEDICVMDISDIN	M RIT ESIDE MEESIDE MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO ROLIN -COMM RY AR RECTO AYE A RECTO LS MO	Check if the organization used Schedule O to resp (a) Name and title TMAN (a) Name and title TMAN (b) PUGH (c) PAST PRESIDENT	any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and defermine 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	X (e) Estimated amount of other compensation 0.	
PARKIMAU BRASBDIAP MD SDNV	M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO ROLIN -COMM RY AR RECTO AYE A RECTO LS MO -PROG	Check if the organization used Schedule O to resp (a) Name and title TMAN (a) Name and title TMAN (b) PUGH (c) PAST PRESIDENT	any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	X (e) Estimated amount of other compensation 0.	
PARKIMAU BRAISBUCAPAD SDINPS	C M RIT ESIDE MBERL MEDIA RGARE CE PR EASUR MEE M CRETA TTY C RECTO ROLIN -COMM RY AR RECTO AYE A RECTO LS MO -PROG RAH M	Check if the organization used Schedule O to resp (a) Name and title TMAN (a) Name and title TMAN (a) PUGH (b) PUGH (c) PAST PRESIDENT (c) PAST P	Sound to any quest (b) Average hours per week devoted to position 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and defermine 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	X (e) Estimated amount of other compensation 0.	
A PRINIMUBINASBUCAPADSDNVSD	C M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO ROLIN -COMM RY AR RECTO AYE A RECTO LS MO -PROG RAH M RECTO	Check if the organization used Schedule O to resp (a) Name and title TMAN (a) Name and title TMAN (b) TE PAST PRESIDENT (c) PA	any quest (b) Average hours per week devoted to position 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and defermine 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	X (e) Estimated amount of other compensation 0.	
PARKIMAU BRAISBUCAPADSUNVSUJ	C M RIT ESIDE MEDIA MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO ROLIN -COMM RY AR RECTO AYE A RECTO LS MO -PROG RAH M RECTO LIE P	Check if the organization used Schedule O to resp (a) Name and title TMAN (a) Name and title TMAN (b) TE PAST PRESIDENT (c) PA	Cond to any quest (b) Average hours per week devoted to position 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0	(d) He contr emplo plans,	alth benefits, ibutions to yee benefit and deferred 0.	X (e) Estimated amount of other compensation 0.	
PARINAU BRASBUCAPADSDNVSDJ	C M RIT ESIDE MBERL MEDIA RGARE CE PR YAN P EASUR MEE M CRETA TTY C RECTO ROLIN -COMM RY AR RECTO AYE A RECTO LS MO -PROG RAH M RECTO	Check if the organization used Schedule O to resp (a) Name and title TMAN (a) Name and title TMAN (b) TE PAST PRESIDENT (c) PA	Sound to any quest (b) Average hours per week devoted to position 3.00	ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0	(d) He contr emplo plans,	alth benefits, ibutions to yyee benefit and defermine 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	X (e) Estimated amount of other compensation 0.	

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Form 990-EZ (2023)

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Form **990-EZ** (2023)

2023.03040 ASSOCIATION OF FUNDRAISING 3090___1

Forn	1 990-EZ (2023) FAIRFIELD COUNTY CHAPTER 06-1370	211)		Page 3
Pa	Irt V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th		
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi	s Parl	: V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	,		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A			
a		-		
D		-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 • ; section 4912 0 • ; section 4955 0 •			
Ь	Section 4917 Section 4912 Section 4912 Section 4953 Secti			
U	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	1012		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization 0 .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE		<u> </u>	
42 a	The organization's books are in care of KATHY HOILE Telephone no. 203-64			
		682	S	
D	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		Yes	No
		42b	162	X
	account)? If "Yes," enter the name of the foreign country	720		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
-	If "Yes," enter the name of the foreign country	L		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			37
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	443		
AE -	in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		X
	Did the organization raceive any payment from or engage in any transaction with a controlled entity within the meaning of section	408		- 27
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-EZ	(2023)

Form 990-EZ (2023)

ASSOCIATION OF FUNDRAISING PROFESSIONALS FAIRFIELD COUNTY CHAPTER

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46	Did the	organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
	lf "Yes,	' complete Schedule C, Part I
Pa	nrt VI	Section 501(c)(3) Organizations Only

 46	Х

	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?			
	If "Yes," complete Sch. C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		Х
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		Х
b	If "Yes," was the related organization a section 527 organization?	49b		
		<u> </u>	· · ·	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
	7	

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

X Yes No

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

Sign Here	Signature of officer BRYAN PENNINGTON, '	TREASURER		Date	
	Type or print name and title				
· · · ·	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paid				self- employed	
Preparer	JAMES G. WOODS				P01429665
Use Only	Firm's name VENMAN & CO	. LLC, CPA'S		Firm's EIN 0	6-0674034
Ose only	Firm's address 375 BRIDGEPORT AVENUE			Phone no. 20	3-929-9945
	SHELTON, C	г 06484			
May the IRS di	scuss this return with the preparer shown ab	ove? See instructions			Yes No
					Form 990-EZ (2023)

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SCHEDULE A (Form 990)			Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.					OMB No. 1545-0047 2023 Open to Public		
		nue Service			Form990 for instruction			formation.		Inspection
Nan	ne of t	he organizati	on ASSO	CIATION OF	FUNDRAISING					identification number
		Decer		FIELD COUN						6-1370211
	rt I			-	(All organizations must c	-			1S.	
	organ		•		For lines 1 through 12, c		,			
1					on of churches described		on 170(b)(1)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	-							
5					llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
				Complete Part II.)						
6	\square		· •	-	nental unit described in s					
7		-		•	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
~		•		omplete Part II.)						
8	\square	-			(1)(A)(vi). (Complete Part		ad in a suit		land avant	
9		-	-	-	in section 170(b)(1)(A)(-		-	-
			or a non-iano-g	grant college of agric	ulture (see instructions).	Enterthe	name, cit	y, and state o	i the colleg	eor
10	X	university:	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributic	ne mombore	hin foos a	ad gross receipts from
10		0			t to certain exceptions;			,	• •	0
					(less section 511 tax) fro					
				mplete Part III.)					gamzation	
11					ively to test for public sa	fetv. See	section 50)9(a)(4).		
12		-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
		-	-	-	ed in section 509(a)(1) o	-			•	
				-	of supporting organizatio					
а		🗌 Type I. A ຣເ	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
		the support	ed organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	upporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	upporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or n	nanagement o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	_	٦ Ŭ	.,	t complete Part IV,						
c			-	•	g organization operated				Illy integrate	ed with,
			0	. , .	s). You must complete I					
C			-	• • •	orting organization oper				•	()
			,	0 0	zation generally must sat nplete Part IV, Sections				u an alleni	iveness
		- ·	i i	,	written determination fro					
е			•		nally integrated support			атурет, туре	п, туре п	
f	Ente	er the number (
g				n about the supporte						
	(i) Name of suppo	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
Tota	al									

ASSOCIATION OF FUNDRAISING PROFESSIONALS FAIRFIELD COUNTY CHAPTER

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2023

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities		,			12	
13	First 5 years. If the Form 990 is for the						
_	organization, check this box and stop	here	•				
	ction C. Computation of Publ						
	Public support percentage for 2023 (14	%
	Public support percentage from 2022					15	. %
16a	33 1/3% support test - 2023. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
178	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances to	-		• • • •		17a and line 15 is	
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
18	organization meets the facts-and-circ Private foundation. If the organization						
10	i mate roundation. It the organizatio	In dia not check a		a, 100, 17a, 01 17	D, UTEON LITIS DUX C		(Form 990) 2023

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Schedule A (Form 990) 2023

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

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elett, please comp					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,765.	9,020.	10,263.	7,925.	5,621.	42,594.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	75,303.	16,873.	20,194.	27,725.	32,440.	172,535.
3	Gross receipts from activities that		,				
-	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge					20 001	01E 100
	Total. Add lines 1 through 5	85,068.	25,893.	30,457.	35,650.	38,061.	215,129.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Public support. (Subtract line 7c from line 6.)						215,129.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	85,068.	(b) 2020 25,893.	30,457.	35,650.	38,061.	(f) Total 215,129.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9.	3.	2.	2.	2.	18.
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	9.	3.	2.	2.	2.	18.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	85,077.	25,896.	30,459.	35,652.	38,063.	215,147.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizat	ion,
_				-			
See	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (I	line 8, column (f), d	livided by line 13, o	column (f))		15	99.99 %
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	99.99 _%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	123 (line 10c, colum	nn (f), divided by lii	ne 13, column (f))		17	.01 %
18	Investment income percentage from	2022 Schedule A, I	Part III, line 17			18	.01 %
19 a	a 33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qualif	ies as a publicly su	upported organiza	tion	X
k	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
3320	23 12-21-23			-		Schedule A	(Form 990) 2023
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ASSOCIATION OF FUNDRAISING PROFESSIONALS FAIRFIELD COUNTY CHAPTER

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990) 2023 FAIR Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 FAIRFIELD COUNTY CHAPTER 06	5-137021	1 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	cers, orted		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	I		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	, (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
5	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
			1 1	

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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3a

3b Schedule A (Form 990) 2023

Sche	edule A (Form 990) 2023 FAIRFIELD COUNTY CHAPT			06-1370211 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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ASSOCIATION OF FUNDRAISING PROFESSIONALS FATRFIELD COUNTY CHAPTER

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Sche	dule A (Form 990) 2023 FAIRFIELD COU			0	6-1370211 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
-	Excess from 2021				
-	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

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chedule A	(Form 990) 2023	FAIRFIEL			UNDRAISING CHAPTER	LKOLF2210N	06-1370211 Pag
	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, IV, Se	9a, 9b, 9 ction E, li	c, 11a, 11b, and 11c; nes 1c, 2a, 2b, 3a, ar	Part IV, Section B, lir d 3b; Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
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SCHEDULE O (Form 990) Department of the Treasury	Complete to	o provide informatio 990 or 990-EZ or to	ation to For on for responses to s provide any additio m 990 or Form 990-	specific questio nal information.	ns on	ΕZ	OMB No. 15 202 Open to	23
Internal Revenue Service	300007307	to www.irs.gov/Fo	means and the latest PRAISING PRO	information.	ALS	Employe	Inspection Inspection	
	•	COUNTY CH					1370211	Thumber
FORM 990-EZ,	PART I, LINE	4, OTHER	INVESTMENT	INCOME:				
DESCRIPTION	OF PROPERTY:						AMOUN	T:
INTEREST INC	OME							2.
FORM 990-EZ,	PART I, LINE	16, OTHER	EXPENSES:					
DESCRIPTION	OF OTHER EXPE	NSES:					AMOUN	т:
TELEPHONE/FA	X							129.
PROGRAM FACI	LITY EXPENSES						13	,858.
FILING FEES								150.
BANK FEES								512.
OTHER FEES/E	XPENSES							316.
ADVERTISING							1	,252
MEALS/TRAVEL							2	,221.
SUPPLIES EXP	ENSE							59.
PRINTING/COP	YING							102
TOTAL TO FOR	M 990-EZ, LIN	E 16					18	,599.
FORM 990-EZ,	PART II, LIN	E 24, OTHE	R ASSETS:					
DESCRIPTION				BEG.	OF Y	ZEAR	END OF	YEAF
ACCOUNTS REC	EIVABLE				1,2	270.		0.
FORM 990-EZ,	PART II, LIN	Е 26, ОТНЕ	R LIABILIT	IES:				
DESCRIPTION				BEG.	OF Y	ZEAR	END OF	YEAF
ACCOUNTS PAY	ABLE					0.	2	,000.
	PART III, PR			- СНАРТІ	ER WO			
LHA 332211 11-14-23	on Act Notice, see the Ir	istructions for Forr	n 990 or 990-EZ. 13			Sche	edule O (Form	əəu) 2023

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

332212 11-14-23

FAIRFIELD COUNTY	UNDRAISING PROFES CHAPTER		mployer identifie 06-13702	11
Part IV List of Officers, Directors, Trustees, and	d Key Employees. List each one	even if not compensate	d. (see the instructions f	or Part IV.)
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0	plans and deferred	amount of of
MEGHAN RICKARD VP-MEMBERSHIP	3.00	0	. 0.	
			Cabad	
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