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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

### **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

Α	For th	for the 2009 calendar year, or tax year beginning January 1 , 2009, and ending Dec				Decemb	er 31	, 20	09		
В	Check if	applicable			D Employer	dent	ification numb	er			
	Address	s change	ange use IRS label or Association of Fundraising Professionals- NC Triad Chapter				561	763009			
	Name c	-	print or	Number and street (or P O box, I	f mail is not delivered to st	reet address)	Room/suite	E Telephone	numb	er	
H	Initial re Termina		12 14200 Wilcon Phys					l 3	36-2	67-1577	
H			Specific	City or town, state or country, and	d ZIP + 4			F Group Ex	omn	tion	
H		ed return tion pending	Instruc- tions.	Arlington, VA 22203-4167				Number		323	37
=								unting Method			
<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach         a completed Schedule A (Form 990 or 990-EZ).</li> <li>G Accounting N         Other (specified)</li> </ul>								-		J Cash L A	iccruai
_	-	· · · · · ·		inproted domedate in the difference				<del></del>			
			6_4_t_	d-b			I	k ▶ ☑ if the			
-				dchapter.com	<u> </u>	· · · · · · · · · · · · · · · · · · ·	_   '	red to attach		aule B (Form	990,
_				nly one) — ✓ 501(c) ( 3 ) ◀				Z, or 990-PF			
K	Check		_	zation is not a section 509(a)(3)		-	•	•			. А
_	_			turn is not required, but if the					eturn	l=	
		es 5b, 6b, and 7	b, to line	e 9 to determine gross receipts, if	\$500,000 or more, file F	orm 990 inste	ad of Form 990	)-EZ ►	\$	Dod IV	
نا	art I			enses, and Changes in		na Balanc	es (See the		is to		
	1		-	ts, grants, and similar amou					+		1693.75
	2	_		revenue including governme		s		2	↓	22	424.34
	3	Membersh	ip dues	s and assessments				<u>3</u>			3820
	4	Investmen	t incom	ne				4	↓_		0
	5a	Gross amo	ount fro	m sale of assets other than	inventory	. 5a					
	b	Less: cost	or othe	er basis and sales expenses		. 5b			_		
_	c			n sale of assets other than i							0
Ĭ	6	Special event	ts and act	tivities (complete applicable parts o	f Schedule G). If any amou	ınt is from <b>gam</b>	ing, check here	▶ □ │			
Revenue	a	Gross reve	enue (no	ot including \$	of contribut	ions .					
ě		reported o	n line 1	)		. 6a					
	b	Less: direc	ct expe	nses other than fundraising	expenses	. 6b			_ [		
	c	Net incom	e or (lo	ss) from special events and	activities (Subtract II	ne 6b from	line 6a)	6с	]		0
	7a			ventory, less returns and allo		I					
	b			-		. 7b			1		
	c	Gross prof	fit or (lo	ss) from sales of inventory (	Subtract line 7b from	ı lıne 7a)		7с			0
	8	Other reve		- · · · · · · · · · · · · · · · · · · ·		l R	ECEIVI	B (0.5			0
	9		-	dd lines 1, 2, 3, 4, 5c, 6c, 7d	c, and 8			= J	T	30	938.09
	10			r amounts paid (attach sche		- 8 · W	A \	/ 1210	1		0
	11			r for members	•	[2] W	AY 182	010.1811			858
Ś	1	•		mpensation, and employee					T	2	300.84
Expenses	13			and other payments to inde		1 00	DEAL	13			0
ē	. 14			utilities, and maintenance			DEN, U	JT 14			1800
ŭ	15	•	•	ons, postage, and shipping				15			32.28
	16	O		describe  See Statement				16		26	188.04
	17			Add lines 10 through 16 .						31	179.16
	40	Excess or	(deficit)	for the year (Subtract line 1	7 from line 9)			18			241.07
Net Assets	19			d balances at beginning of					1		
SS				e reported on prior year's re					1	22	410.00
¥	20	-	_	net assets or fund balances	·				T		0
ž	21			d balances at end of year. C					1		168.93
	art li	Balance	e Shee	ets. If Total assets on line 2	5. column (B) are \$1.	250.000 or	more, file Fo		ad c		
				(See the instructions for		,		ginning of year	T	(B) End of ye	
2	, ,	Sach cavings	and in	vestments			<u> </u>	22410	22		168.93
2:				· · · · · · · · · · · ·					23		0
2									24		<del></del>
2	י כ קיד	otal accets (	acaciil	e▶		<del></del>	−′		25	<del></del>	
2				9 6			`,		26	_	
2	7 N	let assets or	fund h	cribe ► palances (line 27 of column	(B) must agree with	line 21)	_' ├──		27		168.93
_				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						



. 0								
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses		
What is the organization's primary exempt purpose? to promote philanthropy and ethical fundraising (Required for section 501(c)(4) and 501(c)(4)								
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise				
manı	nner, describe the services provided, the number of persons benefited, and other relevant information for describe the services provided, the number of persons benefited, and other relevant information for describe the services provided, the number of persons benefited, and other relevant information for describe the services provided, the number of persons benefited, and other relevant information for describe the services provided, the number of persons benefited, and other relevant information for describe the services provided, the number of persons benefited, and other relevant information for describe the services provided, the number of persons benefited, and other relevant information for describe the services provided the number of persons benefited, and other relevant information for describe the services provided the number of persons benefited, and other relevant information for describe the services provided the number of persons benefited, and other relevant information for describe the services provided the number of persons benefited the number of person							
		•						
28	National Philanthropy Day Celebration, honoring top	philanthropists, volunteers	and professionals i	n the Triad				
20	November 23, 2009. Charlie Engle- keynote speaker							
	THOUGH DO, 20, 2000. OHATHO ENGLE ROYHOLD OPPORTU							
	/Crosto C \ If this amount	includes foreign grants, ch		▶ □	28a	9522.09		
29	(Grants \$ ) If this amount	includes foreign grants, ch	SCK HOTE	. , _				
29								
	V Kalengaran	in all of a family and a lab			20-			
	(Grants \$ ) If this amount	includes foreign grants, ch	eck nere	. ▶ ⊔	29a			
30						•		
		includes foreign grants, ch		. ▶_⊔	30a			
31	Other program services (attach schedule)				<b> </b>			
		includes foreign grants, che			31a			
	Total program service expenses (add lines 28a t			•	32			
Par	List of Officers, Directors, Trustees, and Key					,		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit	plans &			
	· ·	devoted to position	enter -0)	deferred comper	nsation	other allowances		
Ama	nda Osborne, 4203 Queen Victoria Place,	Board Member, 1 hr/week						
	nsboro, NC 27455		0					
Paul	Russ, 2500 Summit Ave	Board Member, 1hr/week						
Gree	nsboro, NC 27405	Board Member, Tim/Week	0		_			
Patty	Mead, 2895 Shorefair Drive	Board Member, 1hr/week		1				
Wins	ton Salem, NC 27105	Board Weinber, Illi/week	0					
Mike	Baker, 7133 D West Friendly Ave	Board Mombos 1browook						
Gree	nsboro, NC 27410	Board Member, 1hr/week	0					
Mary	K McGinley	B- and Manchan Abeton de						
4021	Tuscany Lane, Greensboro, NC 27410	Board Member, 1hr/week	0					
Mari	Jo Turner							
1169	Seguola Drive, Lewisville, NC 27023	Board Member, 1hr/week	0					
Johr	Whisnant, PO Box 20444, Greensboro, NC 27401							
		Board Member, 1hr/week	0					
Deb	Mitchell, PO Box 29484, Greensboro, NC 27429							
		Board Member, 1hr/week	0					
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Form 99	0-EZ (2009)		F	age 3
Part	V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			1
24	description of each activity	_33		-
34	the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	3	<u> </u>	
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		_	
	6033(e) notice, reporting, and proxy tax requirements?	35a		<b>,</b>
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	ļ	<b>.</b> ✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   37a	30		
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	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 period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:			ĺ
a	Initiation fees and capital contributions included on line 9	1		
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
704	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	]		
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			١.,
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			✓
_	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-	-
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,	Ì		
	4955, and 4958	İ		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			1
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		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization of books are in early and the	336-26		7
<b>L</b>	Located at ► 4203 Queen Victoria Place, Greensboro, NC  At any time during the calendar year, did the organization have an interest in or a signature or other authority		455	
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<b>✓</b>
	If "Yes," enter the name of the foreign country: ▶			. —
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			···•
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	✓
	Con	~ aar	<b>)_ドブ</b>	(2009)

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) non 47(a)(1) nonexempt cha ad 51.	<b>exempt charitab</b> ritable trusts mus	le trusts only. Al t answer questio	ll sec ns 46	tion 3–49b
46	Did the organization engage in direct or indirect	political campaign activi	ties on behalf of or	ın opposition to		Yes No
	candidates for public office? If "Yes," complete				46	✓
47	Did the organization engage in lobbying activitie	s? If "Yes," complete Sch	edule C, Part II .		47	✓
48	Is the organization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes,"	complete Schedule	E	48	<b>√</b>
	Did the organization make any transfers to an ex		ted organization?.		49a	✓
b	If "Yes," was the related organization a section 5	527 organization?			49b	
50	Complete this table for the organization's five hi	ghest compensated empl	loyees (other than o	officers, directors, t	ruste	es and key
	employees) who each received more than \$100,					
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &		Expense count and
	than \$100,000	devoted to position		deferred compensation	other	allowances
f	Total number of other employees paid over \$100	l ).000 ▶				
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Typ	pe of service	(c) Cor	npensation
d	Total number of other independent contractors	each receiving over \$100,	000 •			
	Under penalties of periody, I declare that I have examinated belief, it is true, object, and complete Department	ed this return, including accompa of preparer (other than officer) is	anying schedules and sta s based on all information	tements, and to the bes	t of my	knowledge owledge
Sign Here	Signature by officer  Amenda M. Osborne, Treasurer  Type or print name and title			5//3	5/	10
Paid Propore	Preparer's signature	Date	Check if self-employed ▶ □	Preparer's identifying num	ber (Se	e instructions)
Prepare Use On	i Firm s name (or		Elf Ph	N ▶		
May th	e IRS discuss this return with the preparer show	above? See instructions		▶ 🗆	Yes	□No
						D-EZ (2009)

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

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Name of the organization **Employer Identification number** 1763009 Association of Fundraising Professionals, NC Triad Chapter Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/2 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I b ☐ Type II c Type III-Functionally integrated d Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes No Yes Nο Total

Par	Support Schedule for Org (Complete only if you chec					and 170	(b)(1	)(A)(vi)
Sec	tion A. Public Support				<u></u>			
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					2342	8.75	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0	
4	Total. Add lines 1 through 3					2372	<u>8.75</u>	
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.		_	L				23428.75
	tion B. Total Support		т		I		<del></del>	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	-	(f) Total
7	Amounts from line 4					2342	8.75	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				:		0	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					797	9.34	
11	Total support. Add lines 7 through 10 .					ļ		31408.09
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth				
	tion C. Computation of Public Su							74.6 %
14	Public support percentage for 2009 (line		-	1, column (f))		14		74.6 %
15	Public support percentage from 2008 Sc					15		
16a						% or more	, ched	ck this box ▶ □
	and stop here. The organization qualifies	•						
	33% % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the org	acts-and-cırcur	mstances" test,	check this box	and stop here.	Explain in	Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum ances" test. The	nstances" test, o organization qua	check this box a	and <b>stop here.</b> cly supported or	Explain in ganization	Part	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

500	ction A. Public Support	ra the ben e.					
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca	alendar year (or liscal year beginning iii)	(a) 2005	(b) 2006	(6) 2007	(4) 2006	(e) 2009	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	!				_	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 .					<del>                                     </del>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			_			
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)					<u> </u>	
14	First five years. If the Form 990 is for toganization, check this box and stop	here	<u></u>	nd, third, fourtl	-	ear as a section	on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Percer	ntage			<del>,,.</del>	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			ne 13, column		15 16	<u>%</u> %_
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2009			•	olumn (f)) .	17	<u>%</u>
18	Investment income percentage from 20 33% % support tests—2009. If the organization				nd line 15 in a		
19a	17 is not more than 33\% %, check this b 33\% % support tests -2008. If the organ	ox and <b>stop h</b> e	e <b>re.</b> The organ	ization qualifies	s as a publicly	supported orga	anization 🕨 🗌
აი ხ	line 18 is not more than 33% %, check this	s box and <b>stop</b>	here. The orga	nization qualıfie	s as a publicly	supported orga	anization 🕨 🔲

Schedule A (Fe	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Informatio Part II, line 17a or 17b; an	n. Complete this d Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
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# AFP NC Triad Chapter 2009Budget

ZOOJDudget		<del></del>
<u>Income</u>	20	009 (actual)
Membership Dues	\$	3,820.00
Meeting Fees	\$	4,520.00
EMC Rebate	\$	193.75
State Conference	\$	7,119.34
Philanthropy Day Registrations	\$	10,395.00
Philanthropy Day Sponsorships	\$	4,500.00
Audio Conference Fees	\$	390.00
Meeting Fees Receivable	\$	470.00
Total Income	\$	31,408.09
Expenses		
Fees	_	
Post Office box rental	\$	35.00
CFRE Education Provider		
Check Stock re-order		
Banking and Credit card processing fees	\$	480.79
Meeting Fees Receivable	\$	470.00
Charity/Gifts	Ψ.	170.00
AFP Foundation – Chapter Treasury Camp.	\$	250.00
Gifts & Contributions		53.38
	\$	
Scholarships - Statewide Conference	\$	568.00
Scholarships - Membership	\$	290.00
Professional Services		
Chapter Administrator	\$	2,300.84
Petty Cash	\$	100.00
Postage	\$	32.28
State Conference		
Fun Bus Supplies (2008 State Conference) Seed Money	\$	2,000.00
Technology	Ψ_	2,000.00
Constant Contact	\$	483.00
Web service		119.40
	\$ \$	
Cvent- Quarterly Payment	₽	3,364.00
Cvent- Overage Fee		·····
Professional Training		167.50
Training & Professional Development	\$	167.59
Travel- Leadership Academy	\$	3,069.26
Board Retreat	\$_	192.53
Lunch meetings		
Catering	\$	4,343.67
Facility Rental	\$	1,800.00
Philanthropy Day		
Awards (2005 Philanthropy Day)	\$	1,017.33
Expenses (NPD)	\$	9,522.09
Audio Conferences		
Registration	\$	990.00
Catering		
Total Expenses	\$	31,649.16
Income Over Expenses	\$	(241.07)
Closing checking balance on 12/31/09		25,584.52
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Association of Fundraising Professionals, NC Triad Chapter

Expenses	
Post Office box rental	\$ 35.00
Banking and Credit card processing fees	\$ 480.79
AFP Foundation – Chapter Treasury Camp.	\$ 250.00
Gifts & Contributions	\$ 53.38
Petty Cash	\$ 100.00
Seed Money	\$ 2,000.00
Constant Contact	\$ 483.00
Web service	\$ 119.40
Cvent- Quarterly Payment	\$ 3,364.00
Training & Professional Development	\$ 167.59
Travel- Leadership Academy	\$ 3,069.26
Board Retreat	\$ 192.53
Catering	\$ 4,343.67
Awards (Philanthropy Day)	\$ 1,017.33
Expenses (NPD)	\$ 9,522.09
Registration	\$ 990.00
	\$ 26,188.04