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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
VIRGINIA ASSOCIATION OF FUND
RAISING EXECUTIVES
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 6605
City or town, state or province, country, and ZIP or foreign postal code
RICHMOND, VA 23230

D Employer identification number
54-1248203
E Telephone number
(804) 368-3398
F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶
I Website: ▶ WWW.VAFRE.ORG
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 72,517

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	42,390
	3	Membership dues and assessments	3	29,030
	4	Investment income	4	56
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	1,041
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	72,517
	10	Grants and similar amounts paid (list in Schedule O)	10	751
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	23,858
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	416
	16	Other expenses (describe in Schedule O)	16	33,978
	17	Total expenses. Add lines 10 through 16 ▶	17	59,003
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,514
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	84,094
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	97,608

Part VOther Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		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	No
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	No
35a	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	No
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	
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	No
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 tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter . 39a		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit 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	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on 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 ▶		
e	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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ (804) 368-3398 Located at ▶ PO BOX 6605 RICHMOND, VA ZIP + 4 ▶ 23230		
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)?	42b	No
	If "Yes," enter the name of the foreign country ▶		
	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 U S ?	42c	No
	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 ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

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 Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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)	(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 "

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

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

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	*****		2016-11-09	
	Signature of officer		Date	
Paid Preparer Use Only	DANIEL STACKHOUSE PRESIDENT		Type or print name and title	
	Print/Type preparer's name REBECCA J TRES		Preparer's signature	
	Date 2016-11-10		Check ☐ if self-employed PTIN P01259619	
	Firm's name ☐ WELLSCOLEMAN		Firm's EIN ☐ 54-0593442	
	Firm's address ☐ 3800 PATTERSON AVE RICHMOND, VA 232212034		Phone no. (804) 358-1150	
May the IRS discuss this return with the preparer shown above? See instructions				
Yes No				

Additional Data

Software ID:
Software Version:
EIN: 54-1248203
Name: VIRGINIA ASSOCIATION OF FUND
RAISING EXECUTIVES

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
CONFERENCES, WORKSHOPS, MONTHLY LUNCHEON MEETINGS AND MEMBER PUBLICATIONS SERVE TO FULFILL THE ASSOCIATION'S MISSION (SEE MISSION STATEMENT) THE 28 ORGANIZATION CURRENTLY SERVES APPROXIMATELY 250 MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . ☐	28a	

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29 OTHER EXPENSES, INCLUDING MANAGEMENT FEES AND ADMINISTRATIVE EXPENSES, SERVE TO ASSIST THE ORGANIZATION IN COMPLETING ITS STATED MISSION (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STACIE BIRCHETT DIRECTOR	3 00	0		
JENNI BOOKER DIRECTOR	3 00	0		
AMY BRIDGE DIRECTOR	3 00	0		
COURTNEY ELLIOTT DIRECTOR	3 00	0		
LISA FREEMAN CFRE DIRECTOR	3 00	0		
CAROL ANNE LAJOIE DIRECTOR	3 00	0		
SARAH MELVIN DIRECTOR	3 00	0		
DAVID THOMASON DIRECTOR	3 00	0		
HARRY WARNER DIRECTOR	3 00	0		
NATALIE FOSTER AWARDS VICE	3 00	0		
ANNE HURT AWARDS CHAIR	5 00	0		
ALEXANDRA MOORE COMM VICE CH	3 00	0		
NICK SOLLOG III MBRSHIP VICE	3 00	0		
NITA STARR P3 CHAIR	5 00	0		
EVELYN TERRY CFRE MBRSHIP CHAI	5 00	0		

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JAMES WASILEWSKI PROGRAMS CHA	5 00	0		
SUSAN EARLY PAST PRESIDE	5 00	0		
DANIEL STACKHOUSE PRESIDENT	5 00	0		
THOMAS MILLISOR VICE PRESIDE	5 00	0		
LYNNE BERKNESS SECRETARY/TR	5 00	0		
CRISTINA CRUZ COMMUNICATIO	5 00	0		

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
VIRGINIA ASSOCIATION OF FUND
RAISING EXECUTIVES**Employer identification number**

54-1248203

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	PROFESSIONAL PARTNERSHIP PROG 646 SOCIALS 395 TOTAL 1,041
FORM 990-EZ, PART I, LINE 16	EXPENSES MEMBERSHIP/MARKETING 1,312 SUPPLIES 32 58 CONFERENCES/MEETINGS EXPENSE 21,284 BOA RD RETREAT 500 INSURANCE 1,283 AWARDS PROGRAM 6,519 CREDIT CARD FEES 2,287 MISCELLANEOUS 3 6 PRESIDENT'S GIFT 112 SMALL EQUIPMENT 325 TAXES AND LICENSES 25 TELEPHONE 205 TOTAL 33,97 8

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE ORGANIZATION IS A WELCOMING AND INCLUSIVE ORGANIZATION DEDICATED TO ADVANCING THE SKILLS OF FUND-RAISING PROFESSIONALS FROM THE COMMONWEALTH OF VIRGINIA THROUGH EDUCATION, TRAINING, AND NETWORKING OPPORTUNITIES
FORM 990-EZ, PART III, LINE 31	OTHER EXPENSES, INCLUDING MANAGEMENT FEES AND ADMINISTRATIVE EXPENSES, SERVE TO ASSIST THE ORGANIZATION IN COMPLETING ITS STATED MISSION