

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.**2024****Open to Public
Inspection**

A For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AUSTIN ADVERTISING FEDERATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 161752 City or town, state or province, country, and ZIP or foreign postal code Austin, TX 78716
D Employer identification number 74-1956176	
E Telephone number 512-977-9994	
F Group Exemption Number	
G Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify): <u>Cash</u>	
I Website: <u>aafaustin.org</u>	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 90,722	

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 <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	3,900
	2	Program service revenue including government fees and contracts	77,232
	3	Membership dues and assessments	9,590
	4	Investment income	0
	5a	Gross amount from sale of assets other than inventory	0
	5b	Less: cost or other basis and sales expenses	0
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	0
	6	Gaming and fundraising events:	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0
	6b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	0
6c	Less: direct expenses from gaming and fundraising events	0	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0	
Revenue	7a	Gross sales of inventory, less returns and allowances	0
	7b	Less: cost of goods sold	0
	7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	0
	8	Other revenue (describe in Schedule O)	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	90,722
Expenses	10	Grants and similar amounts paid (list in Schedule O)	0
	11	Benefits paid to or for members	0
	12	Salaries, other compensation, and employee benefits	15,949
	13	Professional fees and other payments to independent contractors	0
	14	Occupancy, rent, utilities, and maintenance	0
	15	Printing, publications, postage, and shipping	0
	16	Other expenses (describe in Schedule O) <u>See Schedule O, Statement 1</u>	69,349
	17	Total expenses. Add lines 10 through 16	85,298
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	5,424
	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)	5,319
	20	Other changes in net assets or fund balances (explain in Schedule O) <u>See Schedule O, Statement 1</u>	1,140
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	11,883

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	6,854	22	12,095
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	6,854	25	12,095
26 Total liabilities (describe in Schedule O)	1,535	26	212
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,319	27	11,883

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? See Schedule O, Statement 3

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>The AAF Austin American Advertising Awards is the biggest night for the advertising community in Austin honoring the creative excellence in the field of advertising.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	24,822
29 <u>Big Wigs was an in-person event paying homage to the talented professionals behind the scenes who are not typically recognized for their hard work and achievements. The event was held at Scholz Garten. Attendance was about 150.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	12,044
30 <u>Events featuring speakers and panel discussion were hosted throughout the year to facilitate discussions on topics concerning the local communication arts industry.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,914
31 Other program services (describe in Schedule O)		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	38,780

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jake Hay	10.00	0	0	0
Co-President				
Blake Herbert	10.00	0	0	0
Co-President				
Helena Abbing	2.00	0	0	0
Immediate Past President				
Kat Thay	2.00	0	0	0
Immediate Past President				
Anita Trapp	2.00	0	0	0
Treasurer				
Danielle Martinez	5.00	0	0	0
Ad 2 Austin President				
Jess Forde	5.00	0	0	0
American Advertising Awards Co-VP				
Dayv Widdecombe	5.00	0	0	0
American Advertising Awards Co-VP				
Greg McLean	4.00	0	0	0
Big Wigs VP				
Cori Baker	6.00	0	0	0
Communications VP				
(Continued on Schedule O, Statement 4)				

Part V Other 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9 39a	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b	<input type="checkbox"/>	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955:	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed:	<input type="checkbox"/>	<input type="checkbox"/>
42a The organization's books are in care of: <u>Troy Walker</u> Telephone no. <u>512-977-9994</u> Located at: <u>PO Box 161752, Austin, TX 78716</u> ZIP +4 <u>78716</u>	<input type="checkbox"/>	<input type="checkbox"/>
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)? 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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43	<input type="checkbox"/>	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
46		<input checked="" type="checkbox"/>

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 ☐

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
-----------	--	--

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
------------	--	--

b If "Yes," was the related organization a section 527 organization?

49b		
------------	--	--

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
None				

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
None		

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	Signature of officer		Date		
	Anita Trapp, Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Other Expenses Structured Explanation

Description	Amount
Insurance	2,252
Travel	2,949
Payments to Affiliates	11,376
Administrative	13,257
Program Expenses	39,515
Total:	69,349

Other Changes In Net Assets Structured Explanation

Description	Amount
Reduction in Payroll Liabilities	1,140
Total:	1,140

Primary Exempt Purpose

Primary Exempt Purpose

The local chapter of the American Advertising Federation, Austin Ad Fed's mission is to promote and support innovation in Austin's communication arts industry by responding to the needs of its members through informational programs and continuing education.

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name	Dereca Sims	2.00	0	0	0
Title	DEI & Mosaic VP				
Name	Clay Craig	3.00	0	0	0
Title	Education Co-VP				
Name	Lisa Dobias	3.00	0	0	0
Title	Education Co-VP				
Name	Jonathan Hunt	3.00	0	0	0
Title	Government VP				
Name	Casey Baker	3.00	0	0	0
Title	Membership Co-VP				
Name	James Ryan	3.00	0	0	0
Title	Membership Co-VP				
Name	John Daly	4.00	0	0	0
Title	Programs Co-VP				
Name	Lizz Warner	4.00	0	0	0
Title	Programs Co-VP				
Name	Nick Thomas	3.00	0	0	0
Title	Public Service VP				
Name	Kyle Speckman	4.00	0	0	0
Title	Partnerships VP				
Name	Jenaro Diaz	5.00	0	0	0
Title	Technology VP				
Name	Hector Silva	3.00	0	0	0
Title	SXSW VP				