



Annual Membership Renewal



Please send the renewal information to the ECFA office by January 31 if your fiscal year ended on April 30 through September 30. The renewal information is due July 31 if your fiscal year ended on October 31 through March 31. **This form is available in a fillable format at ECFA.org.**

Name of organization _____
(Exactly as you want it published in the ECFA member list and on the website)

Organization Employer Identification Number (EIN): _____

Mailing address _____

City _____ State _____ Zip _____

Street address _____ City _____ State _____ Zip _____
(Not PO Box)

Phone _____ Fax _____

Public email _____ Website _____

Annual Membership Renewal contact person — *This is the individual who will receive a copy of the renewal, with salary data redacted, and who will be contacted if ECFA has questions regarding your renewal.*

Prefix (Mr., Mrs., Dr., etc.) _____ Title (CEO, Pres., etc.) _____ Phone _____

Name _____

Contact person's email address _____ *(For internal use only — ECFA will not publicize)*

Organization's top leader — *Organization's top leader in terms of the staff organizational chart (not necessarily the highest paid), i.e., CEO, President, Executive Director, Senior Pastor, or comparable position.*

Prefix (Mr., Mrs., Dr., etc.) _____ Title (CEO, Pres., etc.) _____ Phone _____

Name _____

Email address _____ *(For internal use only — ECFA will not publicize)*

Whom should donors contact if they have questions? —

Prefix (Mr., Mrs., Dr., etc.) _____ Title (CEO, Pres., etc.) _____ Phone _____

Name _____

Email address _____ *Donor contact information will be publicized on Member Profile*

Additional Contact Information

Chief financial officer, business manager, or similar position —

Prefix (Mr., Mrs., Dr., etc.) _____ Title (CFO, V.P., etc.) _____ Phone _____

Name _____

Email address _____ *(For internal use only — ECFA will not publicize)*

Chief operating officer, chief administrator, executive vice president, or similar position —

Prefix (Mr., Mrs., Dr., etc.) _____ Title (COO, V.P., etc.) _____ Phone _____

Name _____

Email address _____ *(For internal use only — ECFA will not publicize)*

Chief development officer, or similar position —

Prefix (Mr., Mrs., Dr., etc.) _____ Title (CDO, V.P., etc.) _____ Phone _____

Name _____

Email address _____ *(For internal use only — ECFA will not publicize)*

ECFA's Seven Standards of Responsible Stewardship for Members

Standard 1–Doctrinal Issues.

Every member shall subscribe to a written statement of faith clearly affirming a commitment to the evangelical Christian faith or shall otherwise demonstrate such commitment and shall operate in accordance with biblical truths and practices.

Standard 2–Governance. Every member shall be governed by a responsible board of not less than five individuals, a majority of whom shall be independent, who shall meet at least semiannually to establish policy and review its accomplishments.

Standard 3–Financial Oversight.

Each member shall prepare complete and accurate financial statements. The board or a committee consisting of a majority of independent members shall approve the engagement of an independent certified public accountant, review the annual financial statements and maintain appropriate communication with the independent certified public accountant. The board shall be apprised of any material weaknesses in internal control or other significant risks.

Standard 4–Use of Resources and Compliance with Laws.

Every member shall exercise the appropriate management and controls necessary to provide reasonable assurance that all of the member's operations are carried out and resources are used in a responsible manner and in conformity with applicable laws and regulations, such conformity taking into account biblical mandates.

Standard 5–Transparency. Every member shall provide a copy of its current financial statements upon written request and shall provide other disclosures as the law may require. The financial statements required to comply with Standard 3 must be disclosed under this standard.

A member must provide a report, upon written request, including financial information on any specific project for which it has sought or is seeking gifts.

Standard 6–Related-party

Transactions. Every member shall avoid conflicts of interest. Transactions with related parties may be undertaken only if all of the following are observed: 1) a material transaction is fully disclosed in the financial statements of the member; 2) the related party is excluded from the discussion and approval of such transaction; 3) a competitive bid or comparable valuation exists; and 4) the member's board has acted upon and demonstrated that the transaction is in the best interest of the member.

Standard 7–Stewardship of Charitable Gifts.

7.1 Truthfulness in Communications. In securing charitable gifts, all representations of fact, descriptions of the financial condition of the member, or narratives about events must be current, complete, and accurate. References to past activities or events must be appropriately dated. There must be no material omissions or exaggerations of fact, use of misleading photographs or any

other communication which would tend to create a false impression or misunderstanding.

7.2 Giver Expectations and Intent.

Statements made about the use of gifts by the member in its charitable gift appeals must be honored. A giver's intent relates both to what was communicated in the appeal and to any instructions accompanying the gift, if accepted by the member. Appeals for charitable gifts must not create unrealistic expectations of what a gift will actually accomplish.

7.3 Charitable Gift Communication.

Every member shall provide givers appropriate and timely gift acknowledgments.

7.4 Acting in the Best Interest of Givers.

When dealing with persons regarding commitments on major gifts, a member's representatives must seek to guide and advise givers to adequately consider their broad interests.

A member must make every effort to avoid knowingly accepting a gift from or entering into a contract with a giver that would place a hardship on the giver or place the giver's future well-being in jeopardy.

7.5 Percentage Compensation for Securing Charitable Gifts.

A member may not base compensation of outside stewardship resource consultants or its own employees directly or indirectly on a percentage of charitable contributions raised.

Do you comply with all of these Standards?
If **No**, please explain in a separate document.

Y

N

This information is being gathered to help us better serve our members through our Capitol Hill Initiative and will not be publicly disclosed on an individual basis.

Givers: Approximately how many givers supported your ministry over the last 12 months? _____

Employees: Approximately how many full-time employees are employed: _____ Within the United States
_____ Outside the United States

If your organization is a church: What is your average weekly attendance?

- Under 750 750 – 1,500 1,500 – 3,000
 3,000 – 5,000 Over 5,000 — Approximate attendance: _____

Documents — Check the box for any of the following that have changed since your last renewal with ECFA:

- mission or purpose statement articles of incorporation
 bylaws status with the Internal Revenue Service
 statement of faith **If any box is checked, please attach revised documents.**

Do you have other names under which funds may be raised, including subsidiaries?

Fundraising activities related to these names must be included in your financial statements. If **YES**, please check your member profile at www.ECFA.org and provide a list of any edits, additions or deletions (see page 12-13).

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Financial Data – Submission of financial statements is required each year by members.

A. Are you providing financial statements at this time?

If **NO**, please indicate estimated submission date: _____

Please indicate which financial statements you are/will be submitting:

- U.S. GAAS/GAAP audit** performed by an independent certified public accounting firm (required for members with over \$3 million in total income)
 Review with notes performed by an independent certified public accounting firm (allowed for members with less than \$3 million in total income)*
 Compilation with notes performed by an independent certified public accounting firm (allowed for members with less than \$1 million in total income)*

* Note: Members submitting a review or compilation must also submit the Supplemental Information (starting on page 7).

Please indicate how the financial statements will be submitted:

____ Attach PDF ____ Email ____ Fax ____ Mail
____ Online link _____

If emailing, please include “(YourMinistryName) Financial Statements” in the subject line and send to AMR@ECFA.org.

Would you like ECFA’s website to link to your financial statements online? If **YES**, please supply online link: _____

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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B. Form 990 or Form 990-PF — Is your organization required to file the Form 990 or Form 990-PF with the IRS?

Y N

If **NO**, based on which of the following exceptions does the organization not file Form 990?

- Church Religious order Integrated auxiliary 51% or more foreign missionary activity
 Other _____

If **YES**, please provide a public disclosure copy of the Form 990 or Form 990-PF, including *all* schedules, forms and exhibits **but excluding Schedule B**.

Are you enclosing a Form 990 with this renewal?

Y N

If **YES**, please indicate how they will be submitted:

- ____ Attach PDF ____ Email ____ Fax ____ Mail
 ____ Online link _____

If emailing, please include “(YourMinistryName) Form 990” in the subject line and send to AMR@ECFA.org.

If **NO**, please indicate estimated submission date: _____

Leadership Compensation

Use the table below to list the names and compensation amounts for the organization’s top leaders as noted below. If your organization does not have a staff member whose position is similar to one of these titles, please leave that row blank. In the last row, please provide the name, title and compensation information of the highest paid individual of the organization, unless that person is already listed as one of the four titled individuals.

Name	Title	*Current Annual Compensation (\$)
	Top Staff Leader (Chief Executive Officer, President, Executive Director, Senior Pastor, or comparable position)	
	Chief Operating Officer, Chief Administrator, Executive Vice President, or similar	
	Chief Financial Officer, Business Manager, or similar	
	Chief Development Officer, or similar	
Highest paid staff member if not listed above	(Title)	

* Include annual salary (or deputational support received), bonuses, royalties, and nonaccountable expense reimbursements (taxable compensation paid) using Form W-2 data for the most recent year and add any cash allowance or fair rental value of housing provided (not taxable compensation). Exclude other benefits. Please annualize this amount even if there is not a full year’s compensation paid in this reporting period.

If your financial statements are not yet complete, please estimate your cash contributions on which the ECFA membership fee is calculated. For a definition of cash contribution income, see the ECFA member fee schedule on page 12.

From the Balance Sheet

Assets

- Cash \$ _____
- Property, plant and equipment (net of accumulated depreciation) \$ _____

Total assets \$ _____

Liabilities

- Long-term debt (note, bonds, mortgages, leases payable) \$ _____

Total liabilities \$ _____

Net Assets

- Unrestricted net assets \$ _____
- Temporarily-restricted net assets \$ _____
- Permanently-restricted net assets \$ _____

Total Net Assets \$ _____

From the Statement of Activity

Revenue

Cash contributions \$ _____

**Required*

Non-cash contributions \$ _____

Total unrestricted revenue and gains \$ _____

Government grant revenue \$ _____

Total revenue (unrestricted, temporarily-restricted, and permanently-restricted) \$ _____

Net assets released from restriction \$ _____

Functional Expense

• Program Services \$ _____

• General & Admin. \$ _____

• Fundraising \$ _____

Total expenses \$ _____

Statement of Compliance

As a member in ECFA, we affirm that the information provided in this Annual Membership Renewal and the accompanying supporting documents fully and fairly describe the financial reporting, disclosure, and administrative practices of our organization. We also affirm to abide by the terms of the relationship between ECFA and its members as set forth in the ECFA bylaws (<http://www.ecfa.org/Content/Bylaws>).

Name *(Please Type/Print)* _____
By entering your name above, you accept the Statement of Compliance *Date* _____

Organization Name: _____



Supplemental Information

This form must be completed by members who are submitting a Review or Compilation with this renewal **but is not required if submitting an audit.**

If more space is needed for any questions on these pages, please attach a separate sheet.

1. What is the timeliness of reconciling all of the organization's cash and cash equivalents accounts (this includes bank, savings, and money market accounts)? For example, monthly?

YES NO

2. Does the organization have inventory that is not reflected on the financial statements? If **YES**, please describe and estimate the value of the inventory?

Y N

Does the organization have plant, property or equipment assets that are not reflected on the financial statements? If **YES**, please describe and estimate the value of these assets.

Y N

3. Please estimate the amount of payables or accruals that are not reflected at the end of the accounting period. \$ _____

4. Are there any payables (whether or not reflected on the financial statements) to employees or related parties? If **YES**, describe and identify amounts?

Y N

5. Are the terms and other provisions of long-term liability agreements properly disclosed in the financial statements? If **NO**, please describe.

Y N

6. Are net assets classified between unrestricted, temporarily restricted, and permanently restricted on the financial statements? If **NO**, please explain.

Y N

7. Are expenses functionally allocated (program, general and administration, and fund-raising) either on the statements of activity or in the footnotes to the financial statements? If **NO**, please provide an estimate of the functional expenses that agrees with total expenses on the year-end financial statements:

Program Expenses	
General and Administrative	
Fundraising	
Total Expenses	

— This amount should equal your total expense on your financial statements

Y N

For a booklet explaining expense allocations, see www.ecfa.org/PDF/Allocating-Reporting-WEB.pdf

8. Please describe the internal controls relating to cash and checks received by the organization. Identify the position title of the individuals performing the various steps in the process, *e.g.*, opening the mail, counting checks and cash, preparing the deposit, taking the funds to the bank, performing the bank reconciliation.

9. Please describe the internal controls relating to the disbursement of funds. Identify the position titles of the individuals performing the various steps in the process, *e.g.*, approving invoices, expense reports, etc., for payment, writing/preparing the checks, signing the checks, and distributing the checks.

10. Does the organization have (and follow) an accountable expense reimbursement plan? If **NO**, please explain.

11. How does the organization determine whether workers will be considered employees or independent contractors?

12. How many Forms W-2 and Forms 1099-MISC were issued for the most recent year?

Forms W-2 _____ Forms 1099-MISC _____

13. Have there been any occurrences of significant fraud in the organization in the last five years? If **YES**, please describe in a separate document.

YES NO

Y	N
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Y	N
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A higher standard. A higher purpose.

Ministry Classification

Name of Organization _____

In order to assist the giving public, ECFA classifies its members into activity categories. Use this sheet to classify the primary outreach activity of your ministry. Use separate copies of this sheet to note the ministry activity of subsidiary members. Note that parent and subsidiary classifications should not overlap. For example, a church that also operates a school should indicate the parent's classification as Church and the subsidiary's as Education – K through 12. **Please limit selections to a maximum of 10.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Adoption Program | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Medical, Dental, Health Services |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Donor Advised Funds | <input type="checkbox"/> Men's Ministry |
| <input type="checkbox"/> Alcohol and Drug Recovery | <input type="checkbox"/> Education: College, University | <input type="checkbox"/> Messianic, Jewish |
| <input type="checkbox"/> Apologetics | <input type="checkbox"/> Education: Graduate, Seminary | <input type="checkbox"/> Military Outreach |
| <input type="checkbox"/> Arts Ministry | <input type="checkbox"/> Education: Home School | <input type="checkbox"/> Ministry Training, Consulting |
| <input type="checkbox"/> Association, Society | <input type="checkbox"/> Education: K through 12 | <input type="checkbox"/> Missions: Foreign |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Education: Special | <input type="checkbox"/> Missions: Home |
| <input type="checkbox"/> Bible Distribution | <input type="checkbox"/> Education: Youth | <input type="checkbox"/> Missions: Short Term |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Environment, Conservation | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Bible Training | <input type="checkbox"/> Equipment | <input type="checkbox"/> Orphan Care |
| <input type="checkbox"/> Bible Translation | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Pastoral Support |
| <input type="checkbox"/> Camping, Conference Ministry | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Chaplaincy | <input type="checkbox"/> Foundation | <input type="checkbox"/> Pregnancy Resource Center |
| <input type="checkbox"/> Child Sponsorship | <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Prison, Post-Prison |
| <input type="checkbox"/> Children's Home | <input type="checkbox"/> Leadership Training | <input type="checkbox"/> Public Policy, Education |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Racial Reconciliation |
| <input type="checkbox"/> Church: Denomination | <input type="checkbox"/> Literacy Programs | <input type="checkbox"/> Relief and Development |
| <input type="checkbox"/> Church: Local | <input type="checkbox"/> Literature Publishing, Distribution | <input type="checkbox"/> Rescue Mission, Homeless |
| <input type="checkbox"/> Church: Multi-site | <input type="checkbox"/> Marriage, Family | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Church: Planting | <input type="checkbox"/> Media: Film Ministry | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Media: Internet Ministry | <input type="checkbox"/> Stewardship Services |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Media: Radio Ministry | <input type="checkbox"/> Student Ministry |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Media: Television | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Disability | | <input type="checkbox"/> Women's Ministry |
| | | <input type="checkbox"/> Youth |

If your ministry does not fit in one of the above classifications, please choose the one that most closely describes your ministry. If none are approximate, please provide us with a recommended category:



2012 ECFA Member Fee Schedule

The member fee is based on the *highest* of the following:

A. Our cash contribution income for the latest 12-month fiscal year. Cash contributions are those received in all net asset classes (unrestricted, temporarily restricted, and permanently restricted).

Include

- Special event (banquets, golf outings, etc.) revenue net of direct expenses
- Private foundation grant money received
- Donated marketable securities (publicly-held) received
- Pledges (net pledges recorded as assets and revenue—ECFA provides members an option of only including payments on pledges in cash donated income instead of net pledges. Either method must be consistently followed for ECFA fee calculation purposes.)

Exclude

- Government grants (federal, state, and local)
- Privately-held securities
- Noncash gifts (gifts of services, real estate, clothing, furniture, etc.) — Note: the donation of publicly-held marketable securities is considered as cash contributions for the purposes of this calculation

Cash contributions: _____
(See Table A)

Table A

Cash Contributions of:

<i>At Least</i>	<i>But Less Than</i>	<i>Member Fee Is</i>
\$ 0	\$ 250,000	\$ 525
250,000	500,000	675
500,000	1,000,000	800
1,000,000	2,000,000	925
2,000,000	3,000,000	1,175
3,000,000	4,000,000	1,325
4,000,000	5,000,000	1,550
5,000,000	6,000,000	1,900
6,000,000	7,000,000	2,100
7,000,000	8,000,000	2,400
8,000,000	9,000,000	2,750
9,000,000	10,000,000	2,950
10,000,000	11,000,000	3,150
11,000,000	12,000,000	3,350
12,000,000	13,000,000	3,850
13,000,000	14,000,000	4,150
14,000,000	15,000,000	4,350
15,000,000	17,000,000	4,850
17,000,000	20,000,000	5,950
20,000,000	25,000,000	7,250
25,000,000	50,000,000	8,250
50,000,000	75,000,000	9,750
75,000,000	100,000,000	10,000
100,000,000 & UP		10,500

B. Our total revenue

Total revenue: _____
(See Table B)

Table B

Total Revenue:

<i>At Least</i>	<i>But Less Than</i>	<i>Member Fee Is</i>
\$ 10,000,000	\$ 30,000,000	\$ 1,150
\$ 30,000,000 & UP		\$ 2,300

Example 1: An organization's cash donated income is \$2.5M and total revenue is \$5M. Cash donated income results in a fee of \$1,100. Table B does not apply since total revenue is less than \$10M.

Example 2: An organization's cash donated income is \$2.5M and total revenue is \$35M. The member fee is \$2,100 based on total revenue since it is the highest fee resulting from the two options.

Fee Calculation

Your fee is the highest of Table A or B \$ _____



*A higher standard.
A higher purpose.*

Subsidiary and Program Information Form

ECFA makes available through its website summary information on members as well as subsidiaries, affiliates, and programs of member organizations.

To qualify as a **subsidiary**, the following criteria must be met: (1) the financial activity of the subsidiary is included in the member's audit, and (2) the subsidiary is an evangelical nonprofit ministry.

To qualify as a **program**, the activity (not an entity) must be conducted under the control of the member organization.

If you have subsidiaries or programs that meet the above criteria and you would like them listed with ECFA, please complete the following for each subsidiary:

Member Name: _____

1. Subsidiary or Program (please check one)

New (not previously listed) Revision of existing listing

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Website _____

Organization type (such as missions, adoption, counseling, etc.) _____

Contact Person _____

Description (100 words or less)

2. Subsidiary or Program (please check one)

New (not previously listed) Revision of existing listing

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Website _____

Organization type (such as missions, adoption, counseling, etc.) _____

Contact Person _____

Description (100 words or less)

** If you have more than two subsidiaries, photocopy this document as needed. **

• **Deletions of existing listing(s) of subsidiaries or programs** •

Please enter names of subsidiaries/programs to be deleted from your profile:

