



A higher standard. A higher purpose.

# ECFA Membership Application

**This form is available in a fillable format at [www.ECFA.org](http://www.ECFA.org).**

ECFA accepts applications from evangelical churches and other nonprofit organizations who have functioned for at least one year after receiving their 501(c)(3) advance ruling letter from the IRS and have received at least \$50,000 in total income for the most recent fiscal year.

The member fee schedule is included for your reference only. Once approved for membership, a prorated fee will be requested based on the remaining portion of the current calendar year (for example, if a membership is approved effective July 1, the prorated fee is six months of the current year fee; if approved on October 1, the prorated fee is three months of the current year fee).

Membership is for the calendar year. Renewal of the membership is required annually through an Annual Membership Renewal process, which includes the membership fee.

The ECFA seal and membership credentials remain the property of ECFA and their use is contingent upon compliance with ECFA Standards and continued membership.

## Summary of Required Documents

- Two letters of reference from current ECFA members<sup>(1)</sup>
- IRS Form 1023 (Application for Tax-Exempt Status) and all related correspondence (if the form was filed on or after July 15, 1987)<sup>(1) \*</sup>
- IRS determination letter granting 501(c)(3) tax-exempt status to your organization<sup>(1) \*</sup>
- Articles of incorporation<sup>(1)</sup> (signed and dated by the appropriate corporate officer, such as the corporate secretary) \*
- Bylaws<sup>(1)</sup> (signed and dated by the appropriate corporate officer, such as the corporate secretary)
- Mission or purpose statement<sup>(1)</sup>
- Statement of faith – if your ministry does not have a statement of faith, please explain why and how the ministry demonstrates its commitment to biblical truths and practices.<sup>(1)</sup>
- Financial statements for the most recent 12-month fiscal period<sup>(1)</sup>
  - A. Audited financial statements with disclosure notes by an independent CPA are required if annual revenue is \$3M or above.
  - B. Financial statements with disclosure notes reviewed by an independent CPA if annual revenue is \$1M to \$3M.
  - C. Financial statements compiled by an independent CPA if annual revenue is under \$1M.
- Note:** Applicants submitting a review or compilation must complete the Supplemental Information form on pages 12-14.
- Management or comment letter from the independent CPA relating to the most recent accounting period, if a letter was received.<sup>(1)</sup>
- Most recent IRS Form 990 or Form 990-PF, including all schedules and attachments, except Schedule B. If your organization is not required to file Form 990 or Form 990-PF, please explain your filing exemption.<sup>(1) \*</sup>
- Most recent annual report (if such a report was prepared) and brochures/pamphlets prepared by the organization and distributed to constituents.<sup>(1)</sup>
- Three most recent stewardship appeals sent to donors. If stewardship appeals are not used, submit newsletters or general correspondence to donors. Also, provide a general explanation of how funds are raised by the organization. \*
- \$500 application fee
- Completed and signed ECFA application form

<sup>(1)</sup> Please submit in PDF format, if possible, to [APP@ECFA.org](mailto:APP@ECFA.org).

\* For churches: Not required, unless available

*Please direct all questions concerning the application to:*

**ECFA** • 440 West Jubal Early Drive, Suite 130, Winchester, VA 22601

Telephone: 540-535-0103 • 800-323-9473 • Fax: 540-535-0533 • Email: [APP@ECFA.org](mailto:APP@ECFA.org) • Website: [www.ECFA.org](http://www.ECFA.org)



# ECFA Membership Application

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PLEASE READ ALL DIRECTIONS CAREFULLY

Name of organization \_\_\_\_\_  
*(Exactly as you want it published in the ECFA member list and on the website after approval)*

Organization Employer Identification Number (EIN): \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*(Not PO Box)*

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Public email \_\_\_\_\_ Website \_\_\_\_\_

### Application contact person —

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

Name \_\_\_\_\_  
*(This is the individual who will receive a copy of the application, with salary data redacted, and who will be contacted if ECFA has questions regarding your application.)*

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)*

Please describe the activities of your organization in 100 words or less. The description generally should clearly evidence the evangelical nature of the organization. However, ECFA understands that the description may need to be more generic for organizations with international programs. This description will be used in response to any requests for information about your organization unless you provide an alternate description of activities for publication purposes.

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Date Founded \_\_\_\_\_

**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.

Please check the box indicating your organization's compliance with Standard 1.

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

ECFA's statement of faith is:

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe in the deity and humanity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, in His present rule as Head of the Church, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful men regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost—they that are saved unto the resurrection of life and they that are lost unto the barrenness of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ, with equality across racial, gender and class differences.

*If your organization has a statement of faith or other documentation of a commitment to the evangelical Christian faith, submit in PDF or Word format to APP@ECFA.org or provide a hard copy.*

**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, which shall meet at least semiannually to establish policy and review its accomplishments.

A. Did the full board meet at least two times within the last twelve months?

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

B. At board meetings during the last twelve months, were the majority of those in attendance and voting independent board members? (See Standard 2 commentary at www.ECFA.org for ECFA’s definition of “independent.”)

<input type="checkbox"/>	<input type="checkbox"/>
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*If you responded NO to any of the above questions pertaining to Standard 2, please provide explanations.*

**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.

A. Does the board or its designated committee (consisting of a majority of independent members) maintain appropriate communication with the independent certified public accountant and is apprised of any material weakness in internal controls or other significant risks?

<input type="checkbox"/>	<input type="checkbox"/>
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B. Is the full board apprised by the CPA of any significant deficiencies in internal controls, compliance issues, or risks?

<input type="checkbox"/>	<input type="checkbox"/>
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Please indicate which one of the following financial statements you are submitting:

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

\* **Note:** Applicants submitting a review or compilation must also submit the Supplemental Information (starting on page 12).

**Form 990 or Form 990-PF** — Is your organization required to file the Form 990 or Form 990-PF with the IRS?

<input type="checkbox"/>	<input type="checkbox"/>
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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**.

**Annual Report** — Did your organization issue an annual report for the most recent fiscal year end?

<input type="checkbox"/> Y	<input type="checkbox"/> N
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If **YES**, please address each of the following items relating to the annual report:

- Please submit a copy of the annual report to ECFA.

**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.

A. Does your organization carry out its operations and use its resources in a responsible manner and in conformity with applicable laws and regulations? If **NO**, please explain.

<input type="checkbox"/> Y	<input type="checkbox"/> N
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B. If your organization receives donor-restricted gifts, do you separately account for these funds contributed and expend the funds within the donor-imposed restrictions? If **NO**, please explain.

<input type="checkbox"/> Y	<input type="checkbox"/> N
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C. Does your organization require individual workers to raise support using the deputized fund-raising approach? If **YES**, please describe this process and how your organization provides adequate discretion and control over these funds.

<input type="checkbox"/> Y	<input type="checkbox"/> N
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D. Does your organization host a donor-advised fund (DAF)? If **YES**, please provide copies of sample donor agreements and sample materials provided to prospective DAF donors and indicate the amount of unrestricted net assets on your most recent financial statements related to the donor-advised funds that are hosted by your organization.

<input type="checkbox"/> Y	<input type="checkbox"/> N
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\$ \_\_\_\_\_

E. Does your organization fulfill part or all of its mission in foreign countries?

<input type="checkbox"/> Y	<input type="checkbox"/> N
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If **NO**, proceed to page 6.

If **YES**, please answer the following two questions relating to your organization's foreign activity:

1. Approximately how much was sent to or spent in foreign countries in the past fiscal year, including gifts-in-kind (this number may be approximated)?

Cash \$ \_\_\_\_\_ Noncash \$ \_\_\_\_\_

2. In order to assure that funds sent to foreign countries were used to further its mission objectives, did your organization:

a. Review and approve the foreign program activity?

<input type="checkbox"/> Y	<input type="checkbox"/> N
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b. Budget for and approve the amount of funds sent?

<input type="checkbox"/> Y	<input type="checkbox"/> N
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c. Receive accounting and program reporting on the use of funds?

<input type="checkbox"/> Y	<input type="checkbox"/> N
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d. Receive reports from internal auditors on the use of funds?

<input type="checkbox"/> Y	<input type="checkbox"/> N
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e. Receive reports from independent auditors on the use of funds?

<input type="checkbox"/> Y	<input type="checkbox"/> N
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f. Conduct inspections of the foreign program activity?

<input type="checkbox"/> Y	<input type="checkbox"/> N
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F. 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 Salary (\$)	** Housing (\$)	*** Other Fringe Benefits (\$)	Total Compensation (\$)
	Top Staff Leader (Senior Pastor, Chief Executive Officer, President, Executive Director, or comparable position)				
	Chief Operating Officer, Chief Administrator, Executive Vice President, or similar position				
	Chief Financial Officer, Business Manager, or similar position				
	Chief Development Officer or similar position				
Highest paid staff member if not listed above	Please list 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.

\*\* Include cash allowance or fair rental value of housing provided (not taxable compensation).

\*\*\* Include the value of such organization-provided benefits as health, disability, long-term care, and group life insurance premiums, tuition payments, retirement contributions, and the employer portion of payroll taxes.

### 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.

A. Are your organization's financial statements (audited, reviewed, or compiled) provided to anyone upon written request?

Y  N

B. To the best of your knowledge, is your organization in full compliance with applicable federal, state, and municipal laws and statutory provisions relating to financial reporting and disclosure?

Y  N

If you responded **NO** to questions A or B, please provide explanations.

**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 audited financial statements of the member; 2) the related party is excluded from the discussion and approval of such transactions; 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.

A. Does your organization have a written conflict of interest policy? If <b>YES</b> , please attach a copy.	<input type="checkbox"/> Y	<input type="checkbox"/> N
B. Was your organization involved in any related-party transactions in the past year? If <b>YES</b> , please explain.	<input type="checkbox"/> Y	<input type="checkbox"/> N
C. Is your organization under investigation by any government authority? If <b>YES</b> , please explain.	<input type="checkbox"/> Y	<input type="checkbox"/> N
D. Is your organization involved in litigation? If <b>YES</b> , please explain.	<input type="checkbox"/> Y	<input type="checkbox"/> N

From the Balance Sheet	From the Statement of Activity
<b>Assets</b>	<b>Revenue</b>
• Cash \$ _____	Cash contributions \$ _____ <small>*Required</small>
• Property, plant and equipment (net of accumulated depreciation) \$ _____	Non-cash contributions \$ _____
<b>Total assets</b> \$ _____	Total unrestricted revenue and gains \$ _____
<b>Liabilities</b>	Government grant revenue \$ _____
• Long-term debt (note, bonds, mortgages, leases payable) \$ _____	Total revenue (unrestricted, temporarily-restricted, and permanently-restricted) \$ _____
<b>Total liabilities</b> \$ _____	Net assets released from restriction \$ _____
<b>Net Assets</b>	<b>Functional Expense</b>
• Unrestricted net assets \$ _____	• Program Services \$ _____
• Temporarily-restricted net assets \$ _____	• General & Admin. \$ _____
• Permanently-restricted net assets \$ _____	• Fundraising \$ _____
<b>Total Net Assets</b> \$ _____	<b>Total expenses</b> \$ _____

## 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.

A. Does your organization comply with each of the ECFA Standards for Stewardship of Charitable Gifts listed above?

 Y  N

B. To the best of your knowledge, is your organization in compliance with applicable charitable solicitation laws, state registration requirements, security regulations and other statutory provisions?

 Y  N

*If you responded NO to questions A or B, please provide explanations.*

*This optional 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? \_\_\_\_\_

**Volunteers:** Approximate number of volunteers (unpaid): \_\_\_\_\_

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

**Programs:** Approximately how many people are reached/served annually: \_\_\_\_\_ 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 – attendance: \_\_\_\_\_

### How did you learn about ECFA? (Check all that apply)

- ECFA's Website       ECFA Webinar
- ECFA Forum/Conference
- Other Conference/Convention (Which one?) \_\_\_\_\_

- Current ECFA Member
- Board Member       Donor(s)
- Radio/TV
- Other (specify) \_\_\_\_\_

## Statement of Compliance

We understand that, if in ECFA's opinion it will facilitate interpretation of its policies, and hence its service to its members, a meeting between ECFA and the applicant (or member) organization may be scheduled at a time and place which is mutually convenient to both the organization and ECFA. We agree to fully cooperate with any inquiry made by ECFA to determine compliance with the ECFA Standards. We also understand that in accepting continued membership in ECFA, we consent to a field review at any time.

We affirm that our organization will consistently and vigorously comply with the ECFA Standards. We agree to advise ECFA within 30 days of any material changes in the information submitted or new developments which would affect compliance with the ECFA Standards. We understand that noncompliance with any Standard shall be grounds for termination of membership. ECFA reserves the right to publish a list of its members, including those members that have resigned, been suspended or terminated, and the reasons for separation. ECFA also reserves the right to publish a profile of each member, including summary financial data.

We affirm that the information provided in this application form and the supporting documents fully and fairly describe the financial reporting, disclosure and administrative practices of our organization.

### Signatures Required

*(Three different individuals must sign. In the event the Board Chair is a staff member or related to staff, please obtain the signature of an outside Board Member.)*

Signature \_\_\_\_\_  
Organization's Top Staff Leader (Senior Pastor, Chief Executive Officer, President, Executive Director, or comparable position)

Please Print Name \_\_\_\_\_

Signature \_\_\_\_\_  
Chief Financial Officer or comparable position

Please Print Name \_\_\_\_\_

Signature \_\_\_\_\_  
Board Chair or outside Board Member

Please Print Name \_\_\_\_\_

Application Prepared By (Please Print): \_\_\_\_\_

Position: \_\_\_\_\_

Organization Name \_\_\_\_\_



ECFA • 440 West Jubal Early Drive, Suite 130, Winchester, VA 22601  
Telephone: 540-535-0103 • 800-323-9473 • Fax: 540-535-0533  
Email: APP@ECFA.org • Website: www.ECFA.org







# Supplemental Information

This form must be completed by members who are submitting a Review or Compilation with this application **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 fundraising) 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	
<b>Total Expenses</b>	

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

Y  N

Click here for a booklet explaining expense allocations, see [www.ecfa.org/PDF/Allocating-Reporting-WEB.pdf](http://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.

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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.

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

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

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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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# 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 subsidiaries. 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.**

**Please indicate your primary ministry activity:** \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adoption                        | <input type="checkbox"/> Donor Advised Funds                 | <input type="checkbox"/> Men's Ministry                |
| <input type="checkbox"/> Advocacy                        | <input type="checkbox"/> Education:                          | <input type="checkbox"/> Messianic, Jewish             |
| <input type="checkbox"/> Alcohol and Drug Rehabilitation | <input type="checkbox"/> College, University                 | <input type="checkbox"/> Military Outreach             |
| <input type="checkbox"/> Apologetics                     | <input type="checkbox"/> Graduate, Seminary                  | <input type="checkbox"/> Ministry Training, Consulting |
| <input type="checkbox"/> Arts                            | <input type="checkbox"/> Home School                         | <input type="checkbox"/> Missions:                     |
| <input type="checkbox"/> Association                     | <input type="checkbox"/> K through 12                        | <input type="checkbox"/> Foreign                       |
| <input type="checkbox"/> Aviation                        | <input type="checkbox"/> Special                             | <input type="checkbox"/> Home                          |
| <input type="checkbox"/> Bible Distribution              | <input type="checkbox"/> Youth                               | <input type="checkbox"/> Short Term                    |
| <input type="checkbox"/> Bible Study                     | <input type="checkbox"/> Environment, Conservation           | <input type="checkbox"/> Muslim Ministry               |
| <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             | <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:                         | <input type="checkbox"/> Literacy Programs                   | <input type="checkbox"/> Relief and Development        |
| <input type="checkbox"/> Denomination                    | <input type="checkbox"/> Literature Publishing, Distribution | <input type="checkbox"/> Rescue Mission, Homeless      |
| <input type="checkbox"/> Local                           | <input type="checkbox"/> Marriage, Family                    | <input type="checkbox"/> Senior Care                   |
| <input type="checkbox"/> Multi-site                      | <input type="checkbox"/> Media:                              | <input type="checkbox"/> Sports                        |
| <input type="checkbox"/> Planting                        | <input type="checkbox"/> Film Ministry                       | <input type="checkbox"/> Stewardship Services          |
| <input type="checkbox"/> Community Development           | <input type="checkbox"/> Internet Ministry                   | <input type="checkbox"/> Student                       |
| <input type="checkbox"/> Conflict Resolution             | <input type="checkbox"/> Radio Ministry                      | <input type="checkbox"/> Support Services              |
| <input type="checkbox"/> Counseling                      | <input type="checkbox"/> Television Ministry                 | <input type="checkbox"/> Women's Ministry              |
| <input type="checkbox"/> Disability                      | <input type="checkbox"/> Medical, Dental, Health Services    | <input type="checkbox"/> Youth                         |
| <input type="checkbox"/> Discipleship                    |  |  |

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

\$ \_\_\_\_\_



# Subsidiary and Program Information

ECFA makes available through its website summary information on members as well as subsidiaries 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 a separate 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)

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)

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Subsidiary  or Program  (please check one)

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 subsidiaries, photocopy this document as needed. \*\*