

Enhancing Trust

ECFA Form 990 • 2019

ECFA's Form 990 for 2019 was prepared by an independent CPA firm and reviewed by the ECFA Board of Directors before filing with the Internal Revenue Service (IRS). Although the IRS has recognized ECFA's legal status as an association of churches that is exempt from the annual Form 990 filing requirements, ECFA chooses to voluntarily file with the IRS and make the forms widely available online at ECFA.org

| | | | Return on Organization Exempt F | From I | ome Tax | QMS No. 1545-0047 |
|---------------------------|------------------|--------------------------------|--|------------|---|-------------------------------|
| For | " g | 90 | Under section 50 1(c), 527, or 4947(a)(1) of the Internal Revenue | | | 2010 |
| | | uary 2020) | Do not enter social security numbers on this form a | • | | LUIJ |
| | | of the Treasury nue Service | Go to www.irs.gov/Form990 for instructions and | | | Open to Public Inspection |
| - | | | | ending | | - Annual Statistics |
| 1 | heck if | | forganization | | D Employer identifie | cation number |
| | pplicab | | GELICAL COUNCIL FOR | | | |
| | | | NCIAL ACCOUNTABILITY | | | |
| | Name | | usiness as | | **-***46 | 98 |
| | Initial | | | Room/suite | E Telephone number | r |
| | Final | 1 440 | WEST JUBAL EARLY DRIVE #100 | | (540)535 | |
| | termin | | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 4,220,122. |
| Г | Amen | | HESTER, VA 22601 | | H(a) Is this a group re | |
| | Applic tion | | nd address of principal officer: DAN BUSBY | | for subordinates | |
| | pendi | | AS C ABOVE | | H(b) Are all subordinates in | |
| I I | ax.ex | empt status: | | or 527 | | list. (see instructions) |
| - | | | ECFA.ORG | | H(c) Group exemptio | |
| | _ | | X Corporation Trust Association Other ► | L Year | | A State of legal domicile; MN |
| 100 million (100 million) | rt I | Summary | | | n <u>boonse v</u> oerse ooknow na to | |
| <u> </u> | 1 | Briefly describ | e the organization's mission or most significant activities: ENHAN | NCING | TRUST IN | |
| Ce | | | CENTERED CHURCHES AND MINISTRIES | | | |
| Governance | 2 | Check this bo | if the organization discontinued its operations or dispos | ed of more | than 25% of its net as | sets. |
| Ver | | | | | 3 | 11 |
| ဗီ | | | ependent voting members of the governing body (Part VI, line 1b) | | | 11 |
| Activities & | | | of individuals employed in calendar year 2019 (Part V, line 2a) | | | 27 |
| itie | | | of volunteers (estimate if necessary) | | | 44 |
| Ctiv | | | business revenue from Part VIII, column (C), line 12 | | | 12,136. |
| 4 | | | business taxable income from Form 990-T, line 39 | | 7 | 0. |
| | | | | | Prior Year | Current Year |
| | 8 | Contributions | and grants (Part VIII, line 1h) | | 1,204,549. | 22,703. |
| nu | 9 | Program servi | ce revenue (Part VIII, line 2g) | | 3,752,516. | 4,047,404. |
| Revenue | 10 | Investment ind | ome (Part VIII, column (A), lines 3, 4, and 7d) | | 22,503. | 47,858. |
| Æ | 11 | Other revenue | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 94,302. | 66,415. |
| | 12 | Total revenue | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 5,073,870. | 4,184,380. |
| | 13 | Grants and sin | nilar amounts paid (Part IX, column (A), lines 1-3) | | 37,500. | 189,500. |
| | 14 | Benefits paid | o or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 5 | 15 | Salaries, other | compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,403,533. | 2,782,285. |
| nse | 16a | Professional fu | Indraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Expenses | b | Total fundraisi | ng expenses (Part IX, column (D), line 25) | 56. | | |
| മ | 17 | Other expense | s (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,426,779. | 1,468,286. |
| | 18 | Total expense | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,867,812. | 4,440,071. |
| | | Revenue less | expenses. Subtract line 18 from line 12 | | 1,206,058. | -255,691. |
| t Assets or d Ralances | | | | Be | ginning of Current Year | End of Year |
| sets | 20 | Total assets (F | Part X, line 16) | | 4,230,885. | 4,052,419. |
| t As | 21 | Total liabilities | (Part X, line 26) | | 683,070. | 760,295. |
| Net | the state of the | | und balances. Subtract line 21 from line 20 | | 3,547,815. | 3,292,124. |
| | rt II | Signature | | | | |
| | | | declare that I have examined this return, including accompanying schedules | | | knowledge and belief, it is |
| true, | correc | t, and complete. | Declaration of preparer miner man officer) is based on all information of wh | | has any knowledge. | |
| | | | and Susting Tres.d | ren | 14/2 | 2/20 |
| Sigr | ı | I' N | of officer | | Date | / |
| Here | e | | BUSBY, PRESIDENT | | | |
| | | | rint name and title | | oto Laur T | |
| | | Print/Type prep | | JUM | Date Check | PTIN |
| Paid | | | A. HUTTON, CPA OLIVIA A. HUTTON | I, CP 0 | 4/17/20 self-employ | |
| Prep | | Period. | ► YOUNT, HYDE & BARBOUR, P.C. | | Firm's EIN 🕨 | **-***9263 |
| Use | Unly | Firm's address | ▶ P.O. BOX 2560 | | | |
| - | | | WINCHESTER, VA 22604-1760 | | Phone no. 54 | 0-662-3417 |
| May | the lif | | return with the preparer shown above? (see instructions) | | | X Yes No |
| 93200 | 01-2 | 0-20 LHA F | or Paperwork Reduction Act Notice, see the separate instruction | ns. | | Form 990 (2019) |

| | EVANGEL L COUNCIL FOR 1990 (2019) FINANCIAL ACCOUNTABILITY **-**4698 Page 2 |
|-----------|--|
| | n 990 (2019) FINANCIAL ACCOUNTABILITY **-**4698 Page 7 rt III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | ENHANCING TRUST IN CHRIST-CENTERED CHURCHES AND MINISTRIES |
| | |
| | |
| - | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? |
| | prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| Ŷ | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | |
| | ECFA ANNUALLY REVIEWS AND ACCREDITS OVER 2,400 MEMBER ORGANIZATIONS |
| | BASED ON COMPLIANCE WITH ITS STANDARDS OF RESPONSIBLE STEWARDSHIP. |
| | ECFA PROVIDES EDUCATIONAL RESOURCES THROUGH ITS WEBSITE, WEBINARS, AND WORKSHOPS CONDUCTED ACROSS THE UNITED STATES. ECFA CARRIES OUT ITS |
| | WORK IN A BIBLICALLY-BASED PROCESS OF ACCOUNTABILITY OF CHRIST-CENTERED |
| | MEMBERS. |
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| | • |
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| | |
| 1 | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | - |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 4,015,361. |
| <u>4e</u> | |
| 2200 | 2 01-20-20 Form 990 (2019 |
| J∠00 | 2 U1-20-20 O |

| EVANGEL | | COUNCIL | FOR |
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|---------|--|---------|-----|

FINANCIAL ACCOUNTABILITY Form 990 (2019) FINANCIAL AC

| | | | Yes | No |
|--------|--|------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | 1 |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? // "Yes," complete Schedule C, Part / | 3 | | X |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? // "Yes," complete Schedule C, Part // | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? // "Yes, " complete Schedule D, Part V | 10 | _ | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | 1 | - | |
| | as applicable. | | 1 | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | - | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? // *Yes,* complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | <u> </u> | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? // "Yes," complete Schedule F, Parts II and IV | 15 | X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u>X</u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? // "Yes, " complete Schedule G, Part / | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes, " | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X | |
| 932003 | 01-20-20 | Form | 990 (| 2019) |

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Form 990 (2019)

EVANGEL('L COUNCIL FOR

Form 990 (2019)

| | | _ | Yes | No |
|------|--|-------|-------------|------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 111 | | |
| | Part IX, column (A), line 2? // "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 1.1.1 | 1 | 1.77 |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 1.4.4 | | |
| | Schedule J | 23 | X | - |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 1.1.1 | - | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | - | - |
| ¢ | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 111 | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | 1 | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part i | 25b | - | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | 1.11 | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 1.1.1 | 1.11 | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 1201 | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | 1 | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // | | · · · · · · | |
| | "Yes," complete Schedule L, Part IV | 28a | - | X |
| b | A family member of any individual described in line 28a? If Yes, " complete Schedule L, Part IV | 28b | - | X |
| C | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 1778 | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 111 | 1 | |
| | contributions? If "Yes," complete Schedule M | 30 | - | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | - | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | - | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | v |
| | Part V, line 1 | 34 | - | X |
| 35a | | 35a | | A |
| b | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 | 35b | - | - |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | v |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | v |
| ~~ | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | - | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | x | |
| Pa | Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance | 38 | A | - |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | - | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |

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932004 01-20-20

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2019.03032 EVANGELICAL COUNCIL FOR F 12578011

Form 990 (2019)

| EVANGEL | \mathbf{T} | COUNCIL | FOR |
|-----------|--------------|----------|------|
| FINANCIAL | A | COUNTABI | LITY |

| * | * | - | * | * | * | 4 | 6 | 9 | 8 | Page | 5 |
|---|---|---|---|---|---|---|---|---|---|------|---|
|---|---|---|---|---|---|---|---|---|---|------|---|

| Form | 990 (2019) FINANCIAL ACCOUNTABILITY **-**4 | 698 | P | age 5 |
|------|---|----------|------|--------|
| Par | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| 0. | Fotos the symphon of employees reported on Form M/2. Transmittel of M/ans and Tay Statements | - | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 27 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | x | - |
| M | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | 2.17 | | 1.1.00 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | X | |
| | 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)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | 100 | | 10000 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | 1. | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | - | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | - |
| | any contributions that were not tax deductible as charitable contributions? | 6a | - | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | - |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 121 | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | _ | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | _ | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year7d | 1 | - | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | - | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | - | X |
| - | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | - | - |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | - | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 200 | 4 | |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | | - |
| | Sponsoring organizations maintaining donor advised funds. | C. P. P. | | - |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 95 | - | - |
| | Section 501(c)(7) organizations. Enter: | | ą. | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | 1 | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | 100 | | |
| | amounts due or received from them.) | 1 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | - | _ |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 120 | 1000 | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | 100 | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the | - | 9 | |
| | organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | 12. | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | 1 | 1005 | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | 2057 | 12.2 | |
| | | Form | 990 | (2019) |

932005 01-20-20

| - | EVANGEL L COUNCIL FOR | 1609 | | |
|----------|--|-------|--------|-------|
| | 1990 (2019) FINANCIAL ACCOUNTABILITY | | | age 6 |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | NO 1 | espons | ie |
| | | | | X |
| Sec | Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management | | | |
| | tion A: doverning body and management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | res | NO |
| b | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 1b 11 Enter the number of voting members included on line 1a, above, who are independent 1b 11 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | X | L |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | x | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | x | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 67 ST | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |

| | | | Yes | No |
|--------------|--|----------|--------------|--------|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 1 1 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 1000 | No. | 11-02 |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "yes," describe | | | |
| - | in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 1.825 | 3997 | Seat |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | x | |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 100 | 1918/ | 1999 |
| 180 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| iua | | 16a | to other the | x |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 10a | 205-11T | 4 |
| D | | 1000 | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | The second | 101040 |
| 800 | exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) | s only) | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | l financ | ial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records DAN BUSBY , PRESIDENT – (540)535–0103 | | | |

STE

100,

WINCHESTER

| 16170417 | 781823 | 12578010.0 | |
|----------|--------|------------|--|

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932006 01-20-20

6 2019.03032 EVANGELICAL COUNCIL FOR F 12578011

VA

22601

Form 990 (2019)

| Form 990 (2019) | FINANCL_ | ACCOUNTABILITY | U | **-***4698 | Page 7 | | | |
|--|-------------------------------|---|-------------------------------|--------------------------------|-------------|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | | |
| Employe | es, and Independent | Contractors | | | | | | |
| Check if So | hedule O contains a respor | nse or note to any line in this Part VI | II | | | | | |
| Section A. Officers, | Directors, Trustees, Key E | mployees, and Highest Compensi | ated Employees | | | | | |
| 1a Complete this table | for all persons required to | be listed. Report compensation for t | he calendar year ending wit | h or within the organization's | s tax year. | | | |
| List all of the orga | anization's current officers, | directors, trustees (whether individe | uals or organizations), regar | dless of amount of compensi | ation. | | | |

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

EVANGEL COUNCIL FOR

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | | (| C) | | | (D) | (E) | (F) |
|--------------------------------|------------------------|--------------------------------|---|---------|--------------|---------------------------------|-----------|-----------------|-----------------|------------------------------|
| Name and title | Average | l (de | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | |
| | week | | Cer al | nd a d | Fecto | x/trus T | (69) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | orđi | 8 | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | ustee | trust | | 8 | Ipens | ŀ | (W-2/1099-MISC) | | organization |
| | organizations below | uai tr | tional | | yold | it corr | | | | and related organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) DANNY DE ARMAS | 2.00 | - | <u> </u> | | Ť | <u> </u> | <u> </u> | | | |
| BOARD CHAIRMAN | | x | | x | | | | 0. | Ο. | 0. |
| (2) WAYNE PEDERSON | 2.00 | | | | | | | | | |
| TREASURER | | x | | x | | | | 0. | 0. | 0. |
| (3) WARREN PEEK | 2.00 | | | | | | | | | |
| SECRETARY | | X | | X | ŀ | | | 0. | 0. | 0. |
| (4) DAVID WILLS | 2.00 | | | | | | | | | |
| VICE CHAIR | | X | | X | | | | 0. | 0. | 0. |
| (5) ERIKA COLE - PART YEAR | 2.00 | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (6) D. KURT NELSON | 2.00 | ļ | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (7) MICHAEL BATTS | 2.00 | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (8) PAUL ANDERSON - PART YEAR | 2.00 | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (9) BRUCE JOHNSON | 2.00 | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (10) DEREK GRIER | 2.00 | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (11) CRAIG WARNER - PART YEAR | 2.00 | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (12) JERRY WHITE - PART YEAR | 2.00 | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (13) AMY NIKKEL | 2.00 | | | | | | | | | |
| MEMBER | . | X | | | | | | 0. | 0. | 0. |
| (14) CINDEE COFFEE _ PART YEAR | 2.00 | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (15) KIM SANDRETZKY | 40.00 | | | | | | | | | |
| EXECUTIVE VICE PRESIDENT | | | | Х | | | | 135,667. | 0. | 16,012. |
| (16) JOHN VAN DRUNEN | 40.00 | | | | | | | | | |
| EXECUTIVE VICE PRESIDENT | | | | X | | | | 87,969. | 0. | 11,490. |
| (17) WARREN BIRD | 40.00 | | | | | | | | | |
| VICE PRESIDENT | | | | X | | | | 145,000. | 0. | 19,418. |
| 000007 04 00 00 | | | | | | | | | | Form 990 (2019) |

932007 01-20-20

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| | EVANGEL A | | | | | | | | **_***4 | 609 Dec 1 |
|--|---|--|--------------------------------|----------------|-----------------------------------|-------------------------------------|-----------------|--|--|---|
| | INANCI. | | | | | | | Compensated Employee | | 698 Page |
| (A) Name and title | | s, <u>key ⊏mr</u> (B) Average nours per week | (do box, | F not ch | (C) Positi eck m s perse |) | n one oth an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | orç | (list any hours for related ganizations below line) | Individual trustee or director | ional trustee | | Key employee Highest compensated | Ť | the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (18) DAN BUSBY | | 40.00 | | | | | | | | 47 000 |
| PRESIDENT | | 40 00 | | $ \rightarrow$ | x | + | + | 256,215. | 0. | 47,899. |
| (19) MICHAEL MARTIN EXECUTIVE VICE PRESIDENT | | 40.00 | | | x | | | 139,017. | 0. | 27 011 |
| (20) VONNA LAUE | | 40.00 | | | ≏ | + | + | 1 135,017. | 0. | 27,844. |
| EXECUTIVE VICE PRESIDENT | | | | | x | | + | 112,124. | 0. | 19,295. |
| | | | | | | | | | | |
| | | | | | + | + | - | | | |
| | | | | | + | | | | | |
| | | | | | | | | | | |
| 1b Subtotal c Total from continuation sh d Total (add lines 1b and 1c) | | ection A | | | | 9793. | | 875,992. 0. 875,992. | 0.0.0. | 141,958. 0. 141,958. |
| 2 Total number of individuals compensation from the orga | (including but not li | | | | | | /ho re | | 000 of reportable | 5 |
| 3 Did the organization list any line 1a? <i>If "Yes," complete S</i> 4 For any individual listed on li and related organizations gr | Schedule J for such ine 1a, is the sum o | <i>individual</i> of reportable | 9 COI | mper | nsatio | on ar | - Id oth | ner compensation from ti | he organization | Yes No 3 X 4 X |
| 5 Did any person listed on line rendered to the organization Section B. Independent Contra | 1a receive or accr | ue compen | satic | on fro | m ai | ny un | relate | ed organization or individ | lual for services | 5 X |
| Complete this table for your the organization. Report cor | five highest compe | | | | | | | | - | tion from |
| Nam | (A) e and business add | | | | | | | (B) Description of s | ervices C | (C) compensation |
| CLUTCH, INC. 3052 VALLEY AVENU | E, WINCHES | STER, | VA | 22 | 60 | 1 | | WEBSITE DEVE SERVICES | LOPMENT | 190,974. |
| | | | | | | | - | | | |
| | | | | | | | | | | |
| 2 Total number of independen \$100,000 of compensation f | - | - | ot lirr | ited | to th | iose I 1 | isted | above) who received mo | bre than | Form 990 (2019) |

932008 01-20-20

EVANGEL AL COUNCIL FOR

| | | | 2019) FINANCI ACC | COUNTABIL | ITY | | **_**4 | 698 Page 9 |
|---|--------|------|--|--------------------|--|--|--|---|
| Pa | rt V | (11) | | | | | | |
| - | | | Check if Schedule O contains a response | or note to any lin | e in this Part VIII | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 9.0 | 1 | а | Federated campaigns 1a | | | A capital and a state | E. L. State | Strate Strategy 1 |
| ant | | | Membership dues | | 4.454 | | | and the second |
| 95 | | | Fundraising events 1c | | | A LOUIS | | and the second |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Related organizations | | | | | |
| i Ci | | | | | | | | |
| Sin's, | | | | | 10 Mar 19 | | A Charles | ALC: NO CERT |
| -itio | 1 | T | All other contributions, gifts, grants, and | 22 702 | A State State | | | |
| éą | | | similar amounts not included above 1f | 22,703. | 至二十二年,1947 | | and the second | |
| ba | 9 | - | Noncash contributions included in lines 1a-1f | | 22 702 | | A CONTRACTOR OF THE OWNER | |
| 0 | | h | Total. Add lines 1a-1f | | 22,703. | | | |
| | | | ACCOUNT MANA | Business Code | 4 000 005 | 4 000 005 | | |
| 0 | 2 8 | | ACCREDITATION FEES | 813110 | 4,008,925. | | | |
| Program Service Revenue | | b | APPLICATION FEES | 813110 | 38,479. | 38,479. | | |
| Sig | | C | | | | | | |
| ran | (| d | | | | | | |
| 6 | • | e | | | | | | |
| ه ا | 1 | f | All other program service revenue | | | | | |
| | | g | Total. Add lines 2a-2f | | 4,047,404. | | 15 m | Part Parts |
| | 3 | | Investment income (including dividends, intere | | | | | |
| | | | other similar amounts) | | 47,858. | | | 47,858. |
| | 4 | | Income from investment of tax-exempt bond p | proceeds 🕨 🕨 | | | | |
| | 5 | | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | R. Carlos | | WERE THE ALL ON | The second second |
| | 6 : | а | Gross rents 6a | | | | 201 B 10 | |
| | 1 | b | Less: rental expenses 6b | | | | | |
| | | | Rental income or (loss) 6c | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | And the second |
| | - | | Net rental income or (loss) | | | | | |
| | | | Gross amount from sales of (i) Securities | (ii) Other | | | 1. | Addition of the second second |
| | | | assets other than inventory 7a | | Sugar and South Sector | 100 m 10 0 5 5 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | Constitution of the |
| | | b | Less: cost or other basis | | 52.a | A 12 12 23 | States - The | |
| _e | | | and sales expenses | | 透明するという。 | | a training | 1997 - |
| venue | | c | Gain or (loss) 7c | | | a state of the sta | | |
| | | | Net gain or (loss) | | | | | |
| Other Re | | | Gross income from fundraising events (not | | (관위·제국·대원·야구 경도) | 10月1日日日日 日本 | $(A^{(0)}, A^{(2)}) = (A^{(0)}, A^{(0)}) = (A^{(0)$ | 1. State 1. |
| 훞 | · · · | | including \$ of | | See Shine Age | Sales Sta | 1. 18 . Sec. 24. | - Service - |
| Ĭ | | | contributions reported on line 1c). See | | and the second | | 3. 100 - 20 | |
| | | | Part IV, line 18 | | Ster Peter | and the second | - Andreas | and the second |
| | | ь. | Less: direct expenses | | 10 | and the second | | |
| | | | Net income or (loss) from fundraising events | | | 2-1 | | |
| | | | Gross income from gaming activities. See | | 5 1 324 | Service States | | and the second second |
| | | a | Part IV, line 19 | | Sec. No. S. | | 1. A. 1. A. 1. | |
| | | • | Less: direct expenses 9b | Ĩ. | in the statement | | | ALC: NOTE THE |
| | | | Net income or (loss) from gaming activities | | | | | (2.5) |
| | | | | | A Design of the Add | and the second | 1 | |
| | 10.1 | | Gross sales of inventory, less returns | 59,053. | | | | 1. Martin Martin |
| | | | | | 1 21 12 20 | 15 - 1 | | Ser And |
| | | | • · · · · · · · · · · · · · · · · · · · |) JJ, 1444. | 22 211 | | | 22 211 |
| | | C | Net income or (loss) from sales of inventory | Pupinana Cart | 23,311. | | | 23,311. |
| s | | | DIIGTNEGO DIDEORODY | Business Code | 10 100 | | 10 100 | |
| 2 4 | | | BUSINESS DIRECTORY | 541900 | 12,136. | 10 050 | 12,136. | |
| | | | WEBINAR FEES | 541900 | 12,050. | 12,050. | | |
| lev | | | GOVERNANCE FORUMS | 541900 | 7,937. | 7,937. | | |
| Miscellaneous Revenue | | | All other revenue | 541900 | 10,981. | 10,981. | | |
| _ | | | Total. Add lines 11a-11d | | 43,104. | 1 484 455 | 4.6.4.4.4 | |
| | 12 | | Total revenue. See instructions | | 4,184,380. | 4,078,372. | 12,136. | 71,169. |
| 93200 | 9 01-2 | 20-1 | 20 | | | | | Form 990 (2019) |
| | | | | | 9 | | | |

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EVANGEL AL COUNCIL FOR FINANCI ACCOUNTABILITY Part IX Statement of Functional Expenses

| Sec | ion 501(c)(3) and 501(c)(4) organizations must compl | | | nplete column (A). | |
|----------|---|-----------------------------|--|--|--------------------------------|
| | Check if Schedule O contains a respons not include amounts reported on lines 6b, | (A) | (B) | (C) | |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | - Contraction of the | |
| | and domestic governments. See Part IV, line 21 | 179,500. | 179,500. | · 문화(2019/2019-10-34 | |
| 2 | Grants and other assistance to domestic | | | A BEAR AND AND A | |
| | individuals. See Part IV, line 22 | | | and the second s | 1 |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 10,000. | 10,000. | an alex and a second a | |
| 4 | Benefits paid to or for members | | | ·公司的方法的法律。 | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 1,017,950. | 911,065. | 101,795. | <u> </u> |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,276,454. | 1,142,426. | 127,645. | 6,383. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 39,683. | 35,517. | 3,968. | 198. |
| 9 | Other employee benefits | 293,951. | 263,086. | 29,395. | 1,470. |
| 10 | Payroll taxes | 154,247. | 138,051. | 15,425. | 771. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legai | 13,743. | 8,864. | 4,810. | 69. |
| с | Accounting | 12,000. | 7,740. | 4,200. | 60. |
| d | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | · 推到时间。 | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 104,418. | 67,350. | 36,546. | 522. |
| 12 | Advertising and promotion | 156,150. | 156,150. | | |
| 13 | Office expenses | 239,175. | 212,866. | 23,918. | 2,391. |
| 14 | Information technology | 334,157. | 317,449. | 16,173. | 535. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 76,803. | 68,355. | 7,681. | 767. |
| 17 | Traval | 122,764. | 110,488. | 12,276. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 286,801. | 286,801. | · | |
| 20 | | 467. | 397. | 70. | · · · · |
| 20 21 | Payments to affiliates | | | | - |
| 21 | Depreciation, depletion, and amortization | 68,731. | 58,421. | 10,310. | |
| 23 | Insurance | 19,128. | 6,886. | 12,242. | |
| 23 24 | Other expenses. Itemize expenses not covered | | | *** | |
| | above (List miscellaneous expenses on line 24e. If | and the state of the second | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | States Thilling 2 | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | "是""我们是一个学生。 | | the state of the second second | |
| а | OTHER EXPENSES | 33,949. | 33,949. | AND AND A DECK AND A DE | |
| _ | | 5,5,5220 | 33,323. | | |
| b | | | · · · | | |
| ب ب | | | | | |
| d | | | | | |
| | All other expenses | 4,440,071. | 4,015,361. | 406,454. | 18,256. |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,440,0/1. | 4,013,301. | 400,434+ | 10,430. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (8) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| 6 | Check here if following SOP 98-2 (ASC 958-720) | | | | Eorm 990 (2019) |

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932010 01-20-20

Form 990 (2019)

2019.03032 EVANGELICAL COUNCIL FOR F 12578011

Form 990 (2019)

EVANGEL AL COUNCIL FOR

| Form | 990 (| (2019) FINANCI ACCOUNTABILITY | | **_* | **4698 | Page 11 |
|-----------------------------|-------|--|---------------------------------------|--------|-------------------------|--------------|
| | rtΧ | Balance Sheet | | | | |
| | | Check if Schedule O contains a response or note to any line in this Part X | | | | |
| | | | (A) Beginning of year | | (B) End of ye | ear |
| | 1 | Cash · non-interest-bearing | | 1 | | |
| | 2 | Savings and temporary cash investments | 1,899,135. | 2 | 2,218 | <u>,407.</u> |
| | 3 | Pledges and grants receivable, net | 500,000. | | | 0. |
| | 4 | Accounts receivable, net | 41,987. | 4 | 15 | ,106. |
| | 5 | Loans and other receivables from any current or former officer, director, | | See. L | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | | |
| | | controlled entity or family member of any of these persons | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | n Sty Marsha | 01-0 | and the second | 13 Pro |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | | |
| 8 | 7 | Notes and loans receivable, net | | 7 | | |
| Assets | 8 | Inventories for sale or use | 51,626. | | 75 | <u>,768.</u> |
| < | 9 | Prepaid expenses and deferred charges | 93,798. | 9 | 39 | ,434. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a 2,122,468. | 1 353 553 | | 1 201 | 120 |
| | b | Less: accumulated depreciation 10b 821,329. | 1,352,559. | 10c | 1,301 | |
| | 11 | Investments - publicly traded securities | 291,780. | 11 | 402 | ,565. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 1 220 005 | 15 | 4 052 | 410 |
| _ | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | <u>4,230,885</u> 185,857. | | 4,052 | |
| | 17 | Accounts payable and accrued expenses | 105,057. | | 140 | ,131. |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | - | 19 | | |
| | 20 | Tax-exempt bond liabilities | · · · · · · · · · · · · · · · · · · · | 20 | | |
| | 21 | | The ship is whet - a. | 21 | | 1 |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | | |
| bilid | | | | 22 | | |
| Lial | 23 | controlled entity or family member of any of these persons | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | | |
| | 20 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | | |
| | | of Schedule D | 497,213. | 25 | 617 | ,164. |
| | 26 | Total liabilities. Add lines 17 through 25 | 683,070. | 26 | | ,295. |
| | | Organizations that follow FASB ASC 958, check here 🕨 🔀 | | | The Property | 8 |
| Ses | | and complete lines 27, 28, 32, and 33. | | 13- 23 | | |
| and | 27 | Net assets without donor restrictions | 2,380,315. | 27 | 2,625 | ,457. |
| Bal | 28 | Net assets with donor restrictions | 1,167,500. | 28 | 666 | ,667. |
| pu | | Organizations that do not follow FASB ASC 958, check here 🕨 🗔 | 1. 网络马马尔马克利克 | 1 1 1 | 1000 | |
| Fu | | and complete lines 29 through 33. | the standing in the | | | E 11 |
| 5 01 | 29 | Capital stock or trust principal, or current funds | | 29 | | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| Net | 32 | Total net assets or fund balances | 3,547,815. | 32 | 3,292 | |
| | 33 | Total liabilities and net assets/fund balances | 4,230,885. | 33 | 4,052 | |
| | | | | | Form 9 | 90 (20 |

932011 01-20-20

| | EVANGEL AL COUNCIL FOR | | | | |
|----|--|------------|--------------|-------|------------------|
| | 1 990 (2019) FINANCI ACCOUNTABILITY | **_** | *4698 | Pa | _{qe} 12 |
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,184 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,44 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -25 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | <u>3,54'</u> | 7,8 | <u>15.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | 3,292 | 2,1 | 24. |
| Pa | rt XII Financial Statements and Reporting | | | | - 2 |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | _ | Yes | No |
| 1 | Accounting method used to prepare the Form 990: 🛄 Cash 🛛 🖾 Accrual 🔲 Other | | 1 | 1 | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | - | - |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | - | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 2 | 0.00 |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | 122 |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audit, | | | - |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 20 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | 1 |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | igle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | . 3b | | |
| | | | Com | 000 / | |

Form **990** (2019)

932012 01-20-20

| | | | | | | OMB No. 1545-0047 | | | |
|--|--------------------------------------|--|---|-------------------|---------------|----------------------------|--|--|--|
| SCHEDULE A | Public Cha | Public Charity Status and Public Support | | | | | | | |
| (Form 990 or 990-EZ) | | omplete if the organization is a section 501(c)(3) organization or a section | | | | | | | |
| | | 47(a)(1) nonexempt cha | | | | Open to Public | | | |
| Department of the Treasury Internal Revenue Service | | Attach to Form 990 or Form 990-EZ. | | | | | | | |
| | | v/Form990 for instructi | ons and the latest | information. | | Inspection | | | |
| Name of the organizati | | | | | | r identification number | | | |
| | FINANCIAL ACCO | | | | | *-**4698 | | | |
| Part I Reason | or Public Charity Status | (All organizations must c | omplete this part.) | See instruction | ş. | | | | |
| <u> </u> | private foundation because it is: (| For lines 1 through 12, o | heck only one box | .) | | | | | |
| 1 X A church, cor | nvention of churches, or association | on of churches described | in section 170(b |)(1)(A)(i). | | | | | |
| 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | | | |
| 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | |
| 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | |
| city, and state | | | | | | | | | |
| 5 📃 An organizati | on operated for the benefit of a co | llege or university owned | d or operated by a | governmental u | nit describ | ed in | | | |
| section 170 | b)(1)(A)(iv). (Complete Part II.) | | | | | | | | |
| 6 📃 A federal, sta | te, or local government or governr | mental unit described in | section 170(b)(1)(/ | A)(v). | | | | | |
| 7 📃 An organizati | on that normally receives a substa | intial part of its support f | rom a governmenta | al unit or from t | ne general i | public described in | | | |
| section 170(I | b)(1)(A)(vi). (Complete Part II.) | | | | | | | | |
| 8 🔲 A community | trust described in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | | |
| 9 📃 An agricultura | al research organization described | in section 170(b)(1)(A) | (ix) operated in cor | njunction with a | land-grant | college | | | |
| or university of | or a non-land-grant college of agric | ulture (see instructions). | Enter the name, ci | ty, and state of | the college | e or | | | |
| university: | | | | | | | | | |
| 10 🛄 An organizati | on that normally receives: (1) more | than 33 1/3% of its sup | port from contribut | ions, members | hip fees, an | nd gross receipts from | | | |
| activities relat | ed to its exempt functions - subje | ct to certain exceptions, | and (2) no more th | an 33 1/3% of i | ts support i | from gross investment | | | |
| income and u | nrelated business taxable income | (less section 511 tax) fro | om businesses acq | uired by the org | anization a | after June 30, 1975. | | | |
| See section : | 509(a)(2). (Complete Part III.) | | | | | | | | |
| 11 🛄 An organizatio | on organized and operated exclus | ively to test for public sa | fety. See section | 509(a)(4). | | | | | |
| 12 🔲 An organizatio | on organized and operated exclus | ively for the benefit of, to | perform the function | ions of, or to ca | rry out the | purposes of one or | | | |
| more publicly | supported organizations describe | d in section 509(a)(1) | or section 509(a)(2 |). See section | 509(a)(3). (| Check the box in | | | |
| lines 12a thro | ugh 12d that describes the type o | f supporting organizatio | n and complete line | es 12e, 12f, and | l 12g. | | | | |
| a 🗌 Type I. A su | upporting organization operated, s | upervised, or controlled | by its supported of | ganization(s), t | ypically by | giving | | | |
| the support | ed organization(s) the power to re | gularly appoint or elect a | a majority of the dire | ectors or truste | es of the su | pporting | | | |
| organizatio | n. You must complete Part IV, Se | ections A and B. | | | | | | | |
| b 🗌 Typell. A s | upporting organization supervised | l or controlled in connec | tion with its suppor | ted organizatio | n(s), by hav | /ing | | | |
| control or m | nanagement of the supporting orga | anization vested in the s | ame persons that o | ontrol or mana | ge the supp | ported | | | |
| organizatio | n(s). You must complete Part IV, | Sections A and C. | | | | | | | |
| c 📃 Type III fun | ctionally integrated. A supportin | g organization operated | in connection with | , and functional | lly integrate | ed with, | | | |
| its supporte | d organization(s) (see instructions |). You must complete | Part IV, Sections / | , D, and E. | | | | | |
| d 📃 Type III noi | n-functionally integrated. A supp | porting organization oper | rated in connection | with its support | ted organia | zation(s) | | | |
| that is not f | unctionally integrated. The organiz | zation generally must sat | isfy a distribution r | equirement and | an attentiv | veness | | | |
| requiremen | t (see instructions). You must cor | nplete Part IV, Section: | s A and D, and Par | t V. | | | | | |
| e 🛄 Check this I | box if the organization received a | written determination fro | m the IRS that it is | а Туре I, Туре | ll, Type III | | | | |
| functionally | integrated, or Type III non-functio | nally integrated supporti | ng organization. | | | | | | |
| f Enter the number of | of supported organizations | | | | | | | | |
| _ g Provide the followi | ng information about the supporte | d organization(s). | | | | | | | |
| (i) Name of suppo | orted (ii) ElN | (iii) Type of organization (described on lines 1-10 | (iv) is the organization lister in your governing document | (v) Amount o | | (vi) Amount of other | | | |
| organization | | above (see instructions)) | Yes No | support (see in | structions) | support (see instructions) | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| - | | | | | | | | | |
| <u>Total</u> | and the second second second | 1273年,从1991年,1993年 1997年——————————————————————————————————— | TOPAL STREET | | | | | | |
| LHA For Paperwork Red | duction Act Notice, see the Instr | | 990-EZ. 932021 0 | 9-25-19 Sche | dule A (For | m 990 or 990-EZ) 2019 | | | |
| | | 13 | | | | | | | |

| 1 | 1 |
|---|---|
|---|---|

| | EVA | ELICA | AL | COUNCIL | FOR |
|--------------------------------------|------|-------|----|---------|-------|
| Schedule A (Form 990 or 990 EZ) 2019 | FINE | CIAL | AC | COUNTAB | ILITY |

-*4698 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | | | | | | |
|-------------|---|--------------------------|----------------------|------------------------|-----------------------|----------------------|-----------------|
| Cali | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | A Martin S. A. | March 184 | 1.000 | |
| | by each person (other than a | | i serie a | Same St | | | |
| | governmental unit or publicly | | 1. 15 M | and the star | and the second second | | |
| | supported organization) included | | | 12 E . | | E CARA | |
| | on line 1 that exceeds 2% of the | ETTER STA | 1 - 1 - 2 | | | 12 Mar 12 | |
| | amount shown on line 11, | | | 1-11-1 | | | |
| | column (f) | S. B. B. S. S. | a start of the | L-ATT- THE | and the second second | 「「「「「「「」」」 | |
| 6 | Public support. Subtract line 5 from line 4. | "你这些"你学生"。 | States a measure | | "北京"四个百人 | With and the first | |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | _ | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | A COMPANY OF A PARTY OF | - Western Stranger | The second state | A PARA OF THE | 王王が | |
| 12 | | - | | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a sectio | n 501(c)(3) | _ |
| Se | organization, check this box and stop ction C. Computation of Public | here c Support Per | rcentage | | | | |
| 14 | Public support percentage for 2019 (li | ne 6, column (f) di | ivided by line 11, o | column (f)) | | 14 | % |
| 15 | Public support percentage from 2018 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16 a | 33 1/3% support test - 2019. If the o | rganization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or m | nore, check this box | k and |
| | stop here. The organization qualifies a | as a publicly supp | orted organizatior | | | | |
| k | 33 1/3% support test - 2018. If the o | rganization did no | ot check a box on | line 13 or 16a, and | l line 15 is 33 1/3% | or more, check thi | is box |
| | and stop here. The organization quali | fies as a publicly s | supported organiz | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2019. If the org | anization did not | check a box on lin | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fact | s-and-circumstan | ces" test, check ti | his box and stop | here. Explain in Pa | rt VI how the organ | nization |
| | meets the "facts-and-circumstances" t | est. The organization | tion qualifies as a | publicly supported | organization | | |
| ł | 10% -facts-and-circumstances test | - 2018. If the orc | anization did not | check a box on lin | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | e "facts-and-circu | mstances" test, cl | neck this box and | stop here. Explai | n in Part VI how the |) |
| | organization meets the "facts-and-circ | umstances" test. | The organization of | qualifies as a publi | cly supported orga | nization | |
| 18 | Private foundation. If the organization | <u>n did not check a</u> | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | nd see instructions | · 🕨 🗖 |
| | | | | | Sch | edule A (Form 990 | or 990-EZ) 2019 |

932022 09-25-19

Part II

| EVA ELICAL | COUNCIL | FOR |
|------------|---------|-----|
|------------|---------|-----|

-*4698 Page 3

| Schedule A | (Form 990 or 990-EZ) 2 | 019 FINL CIAL | ACCOUNTABILITY | |
|------------|------------------------|---------------|----------------------------|--------|
| | | | s Described in Section 509 | (a)(2) |

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | | | | | |
|-------|--|----------------------|-----------------------|------------------------|----------------------|------------------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | i i |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | the second | | | | Support States of the second | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | · | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | _ | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First five years. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) organiza | ation, |
| | check this box and stop here | - | | | - | | |
| Sec | tion C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2019 (li | ine 8, column (f), d | livided by line 13, d | column (f) | | 15 | % |
| 16 | Public support percentage from 2018 | Schedule A, Part | III, line 15 | 2017-2016 | | 16 | % |
| Sec | tion D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 19 (line 10c, colur | mn (f), divided by li | ne 13, column (f) | | 17 | % |
| 18 | Investment income percentage from a | 2018 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2019. If the | organization did n | not check the box o | on line 14, and line | e 15 is more than 3 | 13 1/3%, and line 17 | 7 is not |
| | more than 33 1/3%, check this box ar | id stop here. The | organization quali | fies as a publicly s | supported organiza | tion | ▶□ |
| b | 33 1/3% support tests - 2018. If the | organization did n | not check a box on | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, a | nd |
| | line 18 is not more than 33 1/3%, che | ck this box and st | top here. The orga | nization qualifies a | as a publicly suppo | orted organization | |
| 20 | Private foundation. If the organizatio | n did not check a | box on line 14, 19; | a, or 19b, check th | his box and see ins | tructions | |
| 93202 | 3 09-25-19 | | | | Sch | edule A (Form 990 |) or 990-EZ) 2019 |

15

^{2019.03032} EVANGELICAL COUNCIL FOR F 12578011

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2

3a

3Ь

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

| BAN DEICKE COONCIE FOR | EVA | ELICAL | COUNCIL | FOR | |
|------------------------|-----|--------|---------|-----|--|
|------------------------|-----|--------|---------|-----|--|

Schedule A (Form 990 or 990 EZ) 2019 FINANCIAL ACCOUNTABILITY

| Pa | rt IV Supporting Organizations (continued) | | | |
|------------|--|----------------|---------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | R Sant | 22 | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | <u>11a</u> | | |
| b | A family member of a person described in (a) above? | 11b | | <u> </u> |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| <u>Sec</u> | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | 18213 | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | To Maria | 100 | |
| | controlled the organization's activities. If the organization had more than one supported organization, | A Street | 1 | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | and the second | | 1. |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | - Harris | 6- | 100 |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | - | -1 | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | C. C. C. | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | 음이 목부 | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 中国恐怖 | 100 | |
| | the supported organization(s). | 1 | | |
| <u>Sec</u> | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 1.1 | - |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 1. 1. 1. 1. 1. | - | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 1.15 | | - |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | and the second | 10 10 | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | - | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | La Trans | | 47 I |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | 1 | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 1000 2114 | 1988 B | 81 C 1 |
| | supported organizations played in this regard. | 3 | | |
| <u>Sec</u> | tion E. Type III Functionally Integrated Supporting Organizations | _ | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | ıs). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in | structions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | 57 .222 | - | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | ALC: NO | 0.415 |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | and the second | | 1812.1 |
| | how the organization was responsive to those supported organizations, and how the organization determined | No. of the | - | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | The state | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | E-F | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | and the | a line | TT. |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | 1.25 | 127 | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | 5/16 | Ser. |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 12924 | 1-12.1 | 1 |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |
| 932025 | 5 09-25-19 Schedule A (Form | 990 or 99 | 0-EZ) | 2019 |

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EVA SLICAL COUNCIL FOR Schedule A (Form 990 or 990 EZ) 2019 FINAL ACCOUNTABILITY



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section | n A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------------|--|-----|---------------------------|--------------------------------|
| 1 N | Net short-term capital gain | 1 | | |
| 2 F | Recoveries of prior-year distributions | 2 | | |
| 3 C | Other gross income (see instructions) | 3 | | |
| 4 A | Add lines 1 through 3. | 4 | | |
| 5 C | Depreciation and depletion | 5 | | |
| 6 P | Portion of operating expenses paid or incurred for production or | | | |
| с | collection of gross income or for management, conservation, or | | | |
| л | naintenance of property held for production of income (see instructions) | 6 | | |
| 7 C | Other expenses (see instructions) | 7 | | |
| 8 A | djusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| | n B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 A | Aggregate fair market value of all non-exempt-use assets (see | | all the search of the | |
| ir | structions for short tax year or assets held for part of year): | | | |
| a A | werage monthly value of securities | 1a | | |
| b A | werage monthly cash balances | 1b | | |
| c F | air market value of other non-exempt-use assets | 1c | | |
| d T | otal (add lines 1a, 1b, and 1c) | 1d | | |
| | Discount claimed for blockage or other | 100 | 現象的政策的調整相關 | 17 - State State |
| fa | actors (explain in detail in Part VI): | | | |
| 2 A | cquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| <u>3</u> S | ubtract line 2 from line 1d. | 3 | | |
| 4 C | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| S | ee instructions). | 4 | | |
| 5 N | let value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| <u>6 N</u> | Aultiply line 5 by .035. | 6 | | |
| 7 R | Recoveries of prior-year distributions | 7 | | |
| 8 N | finimum Asset Amount (add line 7 to line 6) | 8 | | |
| ectior | n C - Distributable Amount | | | Current Year |
| 1 A | djusted net income for prior year (from Section A, line 8, Column A) | 1 | open agencies and provide | |
| 2 E | nter 85% of line 1. | 2 | | |
| 3 N | linimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 E | nter greater of line 2 or line 3. | 4 | a the second spectrum | |
| 5 ln | ncome tax imposed in prior year | 5 | | |
| 6 D | istributable Amount. Subtract line 5 from line 4, unless subject to | 87 | and the Supervisio | |
| e | mergency temporary reduction (see instructions). | 6 | | |

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

instructions).

ELICAL COUNCIL FOR EVA

| Pa | tV Type III Non-Functionally Integrated 509 | | nizations (continued) | **-***4698 Page 7 |
|----------|---|--|--|--|
| | on D - Distributions | (u)(o) oupporting orgu | nizations (continued) | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | 1 |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | · -= | · · · | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive | | |
| | (provide details in Part VI). See instructions. | . | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | Manual managements | and the second s | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | and the states |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | and the second sec | | The state of the |
| a | From 2014 | LA TE | | |
| b | From 2015 | | na desi desi dasa dasa da an | |
| c | From 2016 | the cost of the state of the | 医含化学 化称出产性等于 | and the state of t |
| d | From 2017 | | | |
| е | From 2018 | | in the state of the | |
| f | Total of lines 3a through e | | | |
| <u> </u> | Applied to underdistributions of prior years | and the second second | | R Barren |
| h | Applied to 2019 distributable amount | 「又一一一一」。 「」」 | | |
| i | Carryover from 2014 not applied (see instructions) | | 51 | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | and the second | | |
| | line 7: \$ | | | 的推动的 的现在分词 |
| a | Applied to underdistributions of prior years | a france state out of | | and the second s |
| <u>b</u> | Applied to 2019 distributable amount | Later Andrew Strategies | 1992年一个2月1日 学校 | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | and the second sec | | and the second states of the second sec |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | 机器 "估计"的现在分词作 | | (1) ¹¹¹ 11111111111111111111111111111111 |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | a strategic and a strategic st | | |
| | Part VI. See instructions. | the second second second second | at a standard the | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | A DECIMAL AND |
| | and 4c. | | 「「「「「「」」 | |
| 8 | Breakdown of line 7: | all and a second second second | Part Martin Ingel Martin | and the same state |
| a | Excess from 2015 | a star and the second second second | and substitutes that the | the second s |
| b | Excess from 2016 | and the state of the state | W. MARCHARD BARD BARD | And Street Street Street Street |
| c | Excess from 2017 | | | The states have |
| d | Excess from 2018 | | and the second second | |
| e | Excess from 2019 | Server March 2012 March | THE WETLENT SH | 1150 A Mile |

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

| chedule A (| Form 990 or 990 EZ) 2019 Supplemental Inforr | FINANCIAL A mation. Provide the e | CCOUNTAB: explanations requ | ILITY iired by Part II, lin | e 10; Part II, line 17a | **-** 4698 Page or 17b; Part III, line 12; |
|---------------|--|--|---|---|---|---|
| | Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.) | 2, 3b, 3c, 4b, 4c, 5a, 6 ines 2 and 3; Part IV, S 3; and Part V, Section E | , 9a, 9b, 9c, 11a, ection E, lines 1c , lines 2, 5, and 6 | 11b, and 11c; Pa , 2a, 2b, 3a, and 6. Also complete t | art IV, Section B, line 3b; Part V, line 1; Pa this part for any addi | or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V, tional information. |
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| 2028 09-25-19 | | | | | | lule A (Form 990 or 990-EZ) 20 |

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|--|---------------------------|---|---------------------------------------|---------------------------------------|--|
| SCHEDULE C (Form 990 or 990-EZ) | | olitical Campaign | - | | OMB No. 1545-0047 |
| | | Janizations Exempt From Incol | | | 2013 |
| Department of the Treasury Internal Revenue Service | | If the organization is describe Go to www.irs.gov/Form990 for the state of the s | | | Copen to Public Inspection |
| | | n Form 990, Part IV, line 3, or F | | | • |
| | | nplete Parts I-A and B. Do not co | | ane to (ronucar campaign r | countes, alen |
| | | 01(c)(3)) organizations: Complete | | w. Do not complete Part I-B. | |
| Section 527 organiza | tions: Complet | e Part I-A only. | | | |
| | | n Form 990, Part IV, line 4, or F | | | |
| | | have filed Form 5768 (election u | 1.0 | • | · () |
| | | have NOT filed Form 5768 (elect | | · · · · · · · · · · · · · · · · · · · | 12 JUL 22 |
| Tax) (see separate instru | | n Form 990, Part IV, line 5 (Pro | xy Tax) (see separate | instructions) or Form 990-b | z, Part V, line 35c (Proxy |
| | | tions: Complete Part III. | | | |
| Name of organization | | ICAL COUNCIL FOR | · · · · · · · · · · · · · · · · · · · | Empl | oyer identification number |
| | FINANCI | AL ACCOUNTABILIT | Y | | **-**4698 |
| Part I-A Comple | te if the org | janization is exempt und | ler section 501(c) | or is a section 527 or | janization. |
| | | | | | |
| • | - | ation's direct and indirect politic | | | |
| 2 Political campaign a | · · | | | | |
| 3 Volunteer hours for p | political campa | ign activities | •••••• | | |
| Part I-B Comple | te if the org | anization is exempt und | ler section 501(c) | (3). | |
| | - | incurred by the organization un | | | |
| 2 Enter the amount of | any excise tax | incurred by organization manag | ers under section 495 | | |
| | | n 4955 tax, did it file Form 4720 | | | Yes 📃 No |
| 4a Was a correction ma | | | | | Yes L No |
| b If "Yes," describe in Part I-C Comple | Part IV. te if the ord | anization is exempt und | er section 501(c) | except section 501(c) | (6). |
| | | by the filing organization for se | | | |
| | | ization's funds contributed to of | | | . <u> </u> |
| exempt function acti | | | • | | |
| 3 Total exempt function | n expenditures | Add lines 1 and 2. Enter here a | and on Form 1120-POL | <u>L</u> , | |
| line 17b | | | | | <u> </u> |
| | | 1120-POL for this year? | | | |
| | | nployer identification number (El tion listed, enter the amount pai | | | |
| | - | comptly and directly delivered to | • • | | |
| | • | additional space is needed, prov | | | |
| (a) Name | | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| ., | | | | filing organization's | contributions received and |
| | | | | funds. If none, enter -0 | promptly and directly delivered to a separate |
| | | | | | political organization. |
| | | | | | If none, enter -0 |
| | | | | | |
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| | | | | | |
| Eor Paperwork Reductio | n Act Notice | see the Instructions for Form 9 | 990 or 990-E7 | Schodulo C | (Form 990 or 990-EZ) 2019 |
| LHA | | vie nieg gegend tyf t yffill (| | Schedule C | 1 |

932041 11-26-19

| Schedule C (Form 990 or 990-EZ) 2019 | | L COUNCIL FOR ACCOUNTABILIT | | **_* | **4698 Page 2 |
|--|---|---|---------------------------|--|--------------------------------|
| Part II-A Complete if the orga | | | | Form 5768 (ele | ection under |
| section 501(h)). | | | | | |
| A Check if the filing organizat | ion belongs to an a | ffiliated group (and list in I | Part IV each affiliated g | roup member's name | e, address, EIN, |
| expenses, and share | e of excess lobbying | g expenditures). | | | |
| B Check 🕨 🔝 if the filing organizat | ion checked box A | and "limited control" prov | visions apply. | | |
| | s on Lobbying Exp litures" means amo | enditures ounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | ence public opinion | (grassroots lobbying) | | 0. | |
| b Total lobbying expenditures to influ- | | | | 0. | |
| c Total lobbying expenditures (add lin | | | | 0. | |
| d Other exempt purpose expenditure: | | | | 0. | |
| e Total exempt purpose expenditures | | | | 0. | |
| f Lobbying nontaxable amount. Enter | | | | 0. | |
| If the amount on line 1e, column (a) or | | bbying nontaxable amo | | | |
| Not over \$500,000 | | of the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000, | | 000 plus 15% of the exce | ss over \$500.000 | | |
| Over \$1,000,000 but not over \$1,500 | | 000 plus 10% of the exces | | | the second sector |
| Over \$1,500,000 but not over \$17,0 | | 000 plus 5% of the excess | 1 | | |
| Over \$17,000,000 | \$1,000 | | s over \$1,000,000. | | |
| | ψ1,004 | 0,000. | | | Sec. Sec. Sec. |
| h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this y | or less, enter -0- | | ion file Form 4720 | | Yes No |
| (Some organizations the | at made a section | veraging Period Under S 501(h) election do not ha arate instructions for line | ave to complete all of | the five columns be | low. |
| | Lobbying Exp | enditures During 4-Year | Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | 331,200 | . 334,509. | 343,391. | 0. | 1,009,100. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,513,650. |
| c Total lobbying expenditures | 6,485 | . 20,813. | 14,777. | 0. | 42,075. |
| d Grassroots nontaxable amount | 82,800 | . 83,627. | 85,848. | 0. | 252,275. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | A.S. S. | | | | 378,413. |
| f Grassroots lobbying expenditures | | 5,067. | 7,717. | 0. | 12,784. |

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

EVA ELICAL COUNCIL FOR

Schedule C (Form 990 or 990-EZ) 2019 FIN CIAL ACCOUNTABILITY Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (a) |) | (b |) |
|---|------------------|------------|-----------|-------|
| of the lobbying activity. | Yes | No | Amo | ount |
| During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? | | | | |
| d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? | | | | |
| f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? | | | | |
| j Total. Add lines 1c through 1i | | 1.00 | | _ |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | and the | Station . | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | and set in | 1 | |
| 501(c)(6). | | | Yes | No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | 3 | - | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | | - | | 3, is |
| 1 Dues, assessments and similar amounts from members | | 1 | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). | cal | | | |
| a Current year | | | | |
| b Carryover from last year | | | | |
| c Total | | | | |
| | | 3 | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p expenditure next year? | | 4 | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Part IV Supplemental Information | | | | - |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list): Part II-A | lines 1 ar | nd 2 (see | |
| instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: | | , | | |

THERE WERE NO LOBBYING EXPENDITURES INCURRED IN 2019.

Schedule C (Form 990 or 990-EZ) 2019

932043 11-26-19

| | - | | \bigcirc | |
|--------|-----------------------|--|--|---------------------------------|
| SC | HEDULE D | Supplementa | I Financial Statements | OMB No. 1545-0047 |
| (Forr | n 990) | Complete if the organ Part IV, line 6, 7, 8, 9, 10, | nization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | 2019 |
| | ment of the Treasury | ► A | ttach to Form 990. I for instructions and the latest information. | Open to Public Inspection |
| | e of the organization | | | Employer identification number |
| | • | FINANCIAL ACCOUNTAB | | **-***4698 |
| Pa | rt I Organiza | tions Maintaining Donor Advised | Funds or Other Similar Funds or Ac | counts. Complete if the |
| | organizatior | answered "Yes" on Form 990, Part IV, line | | |
| | - | . <i>.</i> – | (a) Donor advised funds (i | b) Funds and other accounts |
| 1 | | d of year | | |
| 2 3 | | contributions to (during year) grants from (during year) | | |
| 4 | | end of year | | |
| 5 | | | riting that the assets held in donor advised fund | S S |
| | - | | xclusive legal control? | |
| 6 | Did the organizatio | n inform all grantees, donors, and donor adv | visors in writing that grant funds can be used or | ıly |
| | for charitable purp | eses and not for the benefit of the donor or (| donor advisor, or for any other purpose conferri | |
| Des | impermissible priva | | | Yes No |
| Par | | | anization answered "Yes" on Form 990, Part IV, | line 7. |
| 1 | | ervation easements held by the organization | | rically important land area |
| | | of land for public use (for example, recreation natural habitat | Preservation of a certif | |
| | = | of open space | | |
| 2 | | | d conservation contribution in the form of a con | servation easement on the last |
| | day of the tax year. | ······································ | | Held at the End of the Tax Year |
| а | Total number of co | servation easements | | 2a |
| b | Total acreage restr | cted by conservation easements | | 2b |
| c | Number of conserv | ation easements on a certified historic struc | ture included in (a) | 2c |
| d | | ation easements included in (c) acquired aft | | |
| | | | | 20 |
| 3 | | ation easements modified, transferred, relea | ased, extinguished, or terminated by the organiz | ation during the tax |
| A | year | here property subject to conservation ease | ment is located | |
| 5 | | on have a written policy regarding the perio | | |
| • | • | rcement of the conservation easements it h | | Yes No |
| 6 | Staff and volunteer | hours devoted to monitoring, inspecting, ha | andling of violations, and enforcing conservation | |
| | ▶ | | | |
| 7 | Amount of expense | s incurred in monitoring, inspecting, handling | ng of violations, and enforcing conservation eas | ements during the year |
| | ►\$ | | | |
| 8 | | | satisfy the requirements of section 170(h)(4)(B)(i | |
| 9 | | | easements in its revenue and expense stateme | |
| 9 | • | • · · | te to the organization's financial statements that | |
| | | unting for conservation easements. | | |
| Par | t III Organiza | tions Maintaining Collections of A | Art, Historical Treasures, or Other Si | milar Assets. |
| | Complete if | the organization answered "Yes" on Form 9 | 90, Part IV, line 8. | - <u></u> |
| 1a | If the organization | lected, as permitted under FASB ASC 958, | not to report in its revenue statement and balar | nce sheet works |
| | | | c exhibition, education, or research in furtherand | ce of public |
| | | Part XIII the text of the footnote to its financi | | |
| Ь | - | | to report in its revenue statement and balance | |
| | | res, or other similar assets held for public e g amounts relating to these items: | whibition, education, or research in furtherance | or public service, |
| | | | | ► \$ |
| | | | | ▶ \$ |
| 2 | | | sures, or other similar assets for financial gain, p | |
| | - | nts required to be reported under FASB AS | • | |
| | | | | ▶ \$ |
| | | | | ► \$ |
| | | duction Act Notice, see the Instructions f | or Form 990. | Schedule D (Form 990) 2019 |
| 932051 | 10-02-19 | | 28 | |

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| Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a b b Scholarly research c c c | Sche | | ICAL COUNC AL ACCOUNT | | C |) | **_* | **4698 | Page 2 |
|---|------|--|--------------------------|----------------------|---|--------------|---------------------------------------|----------------------|--------------|
| Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): | | | | | reasures. or | Other S | Similar Ass | ets (continu | |
| collection items (check all that apply): a | 3 | | | | | | | | (|
| | - | | | | - · · · · · · · · · · · · · · · · · · · | | | | |
| b Scholarly research e Other Provide a description of thur generations e Other sector the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes Part M Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes 1a Is the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Yes 1b Thrise, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V 2a Did the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Yes b Contributions (a) Current year (b) Prior year Seck (d) Three years back (e) Four years back in the organization answered Yes' on Form 990, Part X, line 10. | а | | | d 🗌 Loan or e | xchange progra | m | | | |
| c Preservation for future generations 4 Provide a description of the organization solic or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization is collection? | | | | | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical trassures, or other similar assets to be solid to raise funds rather than to be maintained as gained of the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If Yes, "explain the arrangement in Part XIII and complete the following table: | | | | | | | | 201 6 | |
| During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an egent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X ine 9 and 10 memory 900, Part X, line 21. Is a last organization an egent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X ine 9 and 10 memory 900, Part X, line 21. Is be organization include an argement in Part XIII and complete the following table: | | | ollections and evolution | n how they further | the organizatio | n'e evemn | t purpose in P | art XIII | |
| to be toold to raise funds rather than to be maintained as part of the organization's collection? Yes Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, Ine 9, or reported an amount on Form 990, Part X, Ine 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Yes bit "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id Amount c Beginning balance Id Id Amount Id c Beginning balance Id Id Id Id c Beginning balance Id Id Id Id Id Complete the organization answered "Yes" on Form 990, Part X, Ine 21, for secrew or custodial account liability? Yes It Jain the arrangement in Part XIII. Check hare if the explanation has been provided on Part XIII. Part V Endowment FundS. Complete the organization answered 'Yes' on Form 990, Part X, Ine 21, for secrew or custodial account liability? Yes It Part V Endowment FundS. Complete the organization answered 'Yes' on Form 990, Part XIII. The percentage and losses Id Id 1a Beginning of year balance [a) Current | | | | | • | - | | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Contributions or other assets not included on Form 990, Part X. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 1b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes Part V Endowment Funds. Complete if the organization answered Yes" on Form 990, Part X, line 10. Part V Part V Endowment Funds. Complete if the organization answered Yes" on Form 990, Part X, line 10. Part V a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back a Grants or scholarships | 3 | | | | | | | Ver | No |
| reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? c Beginning balance c Amount 1c Amount 1c It 'Yes,'' explain the arrangement in Part XIII and complete the following table: c Beginning balance 1d Id d Additions during the year Id 1e Distributions during the year 1f Indianagement in Part XIII. Check here if the scylanish has been provided on Part XIII 1b If 'Yes,'' suplain the arrangement in Part XIII. Check here if the scylanish has been provided on Part XIII 1b If 'Yes, 'suplain the arrangement in Part XIII. Check here if the scylanish has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Current year 1c Current year 1d | Pa | | | | | | | | |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Contributions of the arrangement in Part XIII and complete the following table: b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d f Ending balance 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four yea | - un | | | ete il the organizat | | res unru | Jin 990, Fart i | v, iine 9, 0i | |
| on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses 1 1 1 1 d Administrative expenses 1 1 1 1 1 g End of year balance % 1 1 1 1 1 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 10 | | | lion for contributio | an or other and | oto not ino | ludod | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1d f Ending balance 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year form 990, Part IV, line 10. Ta Beginning of year balance (a) Current year (b) Prior year balance (c) Two years back (d) Three years back (e) Four years back Contributions Contributions (b) Prior year (c) Two years back (e) Four years back Contributions Contributions (b) Prior year (c) Two years back (e) Four years back G Charinstrative expenditures for facilities (b) Prior year (c) Two years back (e) Four years back g End of year balance | Ia | | | | | | | | |
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| e Distributions during the year 19 f Ending balance 17 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b (1) Yes, "explain the arrangement in Part XIII. Check here if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other sependitures for facilities and programs and programs f Administrative expenses g End of year balance g End of year balance g End of year balance g Forvide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment >% b Permanent endowment >% c Yes in the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations < | c | | | | | | | | |
| f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves I Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: State in the arrangement in Part XIII. Image: State in | d | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes I b (* Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. I I Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. I I 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (a) Current year end balance (line 1g, column (a)) held as: (c) Administrative expenses (c) Four years back (c) Four years (c) Four years | e | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (d) Three years back (d) Three years back (e) Four years back c Other expenditures for facilities (d) Three years back (e) Four years (f) Four years c Other expenditures for facilities (f) Administrative expenses (f) Administrative expenses (f) (f) g End of year balance (f) Four year end balance (line 1g, column (a) held as: (f) Foursentage on lines 2a, 2b | f | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (c) Two years (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (c) Two years (c) Two years back (d) Three years back (e) Four years back 1a Cher expenditures for facilities (c) Two years back (c) Two years (d) Three years back (e) Four years 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: (a) Four years (b) Four years (c) Two y | | - | | | | - | ?l | Yes | |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance | | | | | | | | | |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs | Pa | TV Endowment Funds. Complete | if the organization ar | nswered "Yes" on I | | | | | |
| b Contributions | | | (a) Current year | (b) Prior year | (c) Two years | s back (d |) Three years ba | ck (e) Four y | ears back |
| c Net investment earnings, gains, and losses | 1a | Beginning of year balance | | | | | | | |
| d Grants or scholarships | b | Contributions | | | | | | | |
| e Other expenditures for facilities and programs | c | Net investment earnings, gains, and losses | | | | | | | |
| and programs | d | Grants or scholarships | | | | | | | |
| f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(ii) 3a(ii) 3b Image: State organization are the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 277, 871. 277, 871. | е | Other expenditures for facilities | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% a Are there endowment thurds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organization set end downent funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or | | and programs | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% a Are there endowment thurds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organization set end downent funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or | f | | | | | | | | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 277, 871. 1a Land 277, 871. | g | | | | | | | | |
| a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) (c) Accumulated (d) Book value | 2 | | rent year end balanc | e (line 1g, column | (a)) held as: | | | | |
| b Permanent endowment ▶ _% c Term endowment ▶ _% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations Yes (ii) Related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land 277, 871. 277, 871. | а | | - | | | | | | |
| c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | b | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (ii) Description of property (ii) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value | C | | % | | | | | | |
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| Complete if the organization answered "Yes" on Form 980, Part X, line 12. (c) Betrifytion 502, Betrifytion 502, Part X, line 12. (c) Method of valuation: Coat or end-of-year market value (c) Method of valuation: Coat or end-of-year market value (c) Method of valuation: Coat or end-of-year market value (c) Coately held equily interests (c) Method of valuation: Coat or end-of-year market value (c) Method of valuation: Coat or end-of-year market | Part VII Investments - Other Securities. | | | |
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| Co Co Co Co Co Co Co Co Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25. 10 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25. 11 Form 990, Part X, line 12 or 11f. See Form 990, Part X, line 25. 12 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d o | | | | |
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| (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (b) Book value (2) CURRENT PORTION CAPITAL LEASE 2, 663. (3) DEFERRED ACCREDITATION FEES 211, 936. (4) DEFERRED COMPENSATION 402, 565. (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (b) line 25.) 617, 164. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | 2 voon prion | | |
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| (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 15.) Part X Other Liabilities. | | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (2) CURRENT PORTION CAPITAL LEASE 2, 663. (3) DEFERRED ACCREDITATION FEES 211, 936. (4) DEFERRED COMPENSATION 402, 565. (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) 617, 164. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | (8) | | | |
| Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (b) Book value (2) CURRENT PORTION CAPITAL LEASE 2, 663. (3) DEFERRED ACCREDITATION FEES 211, 936. (4) DEFERRED COMPENSATION 402, 565. (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 617, 164. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | (9) | | | |
| 1. (a) Description of liability (b) Book value (1) Federal income taxes 2,663. (2) CURRENT PORTION CAPITAL LEASE 2,663. (3) DEFERRED ACCREDITATION FEES 211,936. (4) DEFERRED COMPENSATION 402,565. (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) 6117,164. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. | <u>15.)</u> | | |
| (1) Federal income taxes (2) CURRENT PORTION CAPITAL LEASE 2,663. (3) DEFERRED ACCREDITATION FEES 211,936. (4) DEFERRED COMPENSATION 402,565. (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) 617,164. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | on Form 990, Part IV, line | a 11e or 11f. See Form 990, Part X, line 25. | |
| (2) CURRENT PORTION CAPITAL LEASE 2,663. (3) DEFERRED ACCREDITATION FEES 211,936. (4) DEFERRED COMPENSATION 402,565. (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (6) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | 1. (a) Description of liability | | | (b) Book value |
| (3) DEFERRED ACCREDITATION FEES 211,936. (4) DEFERRED COMPENSATION 402,565. (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) 617,164. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| (4) DEFERRED COMPENSATION 402,565. (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) 617,164. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | 2,663. |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) | | S | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) 617,164. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | 402,565. |
| (7) (8) (9) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) 617,164. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) ▶ 617,164. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the | | | | C11 1 CA |
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Schedule D (Form 990) 2019

932053 10-02-19

Schedule D (Form 990) 2019

| Sche | dule D (Form 990) 2019 EVANO ICAL COUNCIL FOR FINAN AL ACCOUNTABILITY | | 0 | ** | ***4698 Page 4 |
|------|--|-------------|--|--------|----------------|
| _ | t XI Reconciliation of Revenue per Audited Financial Statem | ents With | Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | too too too | and a second | 1 | 4,220,122. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | | | | |
| с | Recoveries of prior year grants | | | 1 | |
| d | Other (Describe in Part XIII.) | | |] | |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,220,122. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| Ь | Other (Describe in Part XIII.) | | -35,742. | 1 | |
| С | Add lines 4a and 4b | | | 4c | -35,742. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 4,184,380. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statem | nents With | Expenses per l | Return | ٦. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,475,813. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 100 | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | | | | |
| с | Other losses | | | 1 | |
| d | Other (Describe in Part XIII.) | | 35,742. | 1 | |
| е | Add lines 2a through 2d | | a Collection of the second | 2e | 35,742. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,440,071. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | 1000 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | | | | |
| c | Add lines 4a and 4b | (A) | transformer sant- | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 4,440,071. |
| Pa | t XIII Supplemental Information. | | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ECFA EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A

MORE-LIKELY-THAN-NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE

TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN

50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF DECEMBER 31,

2019 AND 2018, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF

APPLICABLE, ECFA RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME

TAX EXPENSE. TAX YEARS FROM 2016 THROUGH THE CURRENT YEAR REMAIN OPEN FOR

31

EXAMINATION BY TAX AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

<u>-35,742.</u>

932054 10-02-19

Schedule D (Form 990) 2019

| hadula D (Farma 000) 0010 | EVA ELICAL COUNCIL FOR FINAL CIAL ACCOUNTABILITY | 0 | **-** 469 8 Page |
|--|--|------------|-------------------------|
| hedule D (Form 990) 2019 art XIII Supplemental Info | rmation (continued) | | 4070 Pag |
| | (<i>00/1///00)</i> | | |
| <u>.</u> | | | |
| ART XII, LINE 2D - | OTHER ADJUSTMENTS: | | |
| | | | 25 840 |
| OST OF GOODS SOLD | | | 35,742 |
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| SCHEDULE F | Stateme | n of Act | ivities Outside the Ur | nted Sta | ntes - | OMB No. 1545-0047 |
| (Form 990) | | | n answered "Yes" on Form 990, Part | | | 2010 |
| | •• | | Attach to Form 990. | | L | Open to Public |
| Department of the Treasury Internal Revenue Service | ► Go to | www.irs.gov/Fo | orm990 for instructions and the latest | t information. | | Inspection |
| Name of the organization | | | | | Employer id | lentification number |
| EVANGELICAL CO | UNCIL FOR | | | | | |
| FINANCIAL ACCO | | | | | **_** | |
| Part I General Inf | ormation on A | ctivities Out | side the United States. Comple | ete if the organ | ization answe | red "Yes" on |
| Form 990, Parl | | | • | U | | |
| 1 For grantmakers. Do | es the organization | n maintain recor | ds to substantiate the amount of its gra | ints and other | assistance, | |
| + | - | | the selection criteria used to award the | | | X Yes No |
| 2 For grantmakers. De United States. | scribe in Part V the | organization's | procedures for monitoring the use of its | s grants and ot | her assistance | outside the |
| | (The following Parl | t I. line 3 table ca | an be duplicated if additional space is n | eeded.) | | |
| (a) Region | (b) Number of | (c) Number of | (d) Activities conducted in the region | | vity listed in (d |) (f) Total |
| | offices | employees, agents, and | (by type) (such as, fundraising, pro- | is a pro | gram service, | expenditures |
| | in the region | independent | gram services, investments, grants to | | specific type | investments |
| | | in the region | recipients located in the region) | of service | (s) in the regio | n in the region |
| | | | | 1 | | |
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| EAST ASIA AND THE | | | GRANT TO RECIPIENT LOCATED | | | |
| PACIFIC | 0 | 0 | IN REGION | | | 10,000. |
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| 26 | | | | | | |
| 3 a Subtotal | 0 | 0 | De la Disca que san de la casa de la | and the second of | the state of the state of | 10,000. |
| b Total from continuation | · | | | | | |
| sheets to Part I | | 0 | | | | 0. |
| c Totals (add lines 3a | | | | IS SERVICE AND | | |
| and 3b) | 0 | 0 | | | | 10,000. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

932071 10-12-19

| Part II Grants and Oth recipient who rec | er Assistance to Org ceived more than \$5,0 | anizations or Entities (300. Part II can be duplic | Grants and Other Assistance to Organizations or Entities Outside the United States. Comp recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | Complete if the o eded. | rganization answered | I "Yes" on Form 9. | Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded. | r any |
|---|--|--|---|-----------------------------|------------------------------------|--|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC | SEB PART V. | 10 | | c | | |
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| Enter total number of by the IRS, or for whic | recipient organization ch the grantee or cour | is listed above that are r isel has provided a sect | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter |) foreign country, ⊧ ∋r | recognized as tax-ex | ampt | | |

932072 10-12-19

34

| Part III) or anto outer Assistance to Induviduals Outside the Ontred States. Part III can be duplicated if additional space is needed. | iditional space is need | ed. | | | | | |
|--|-------------------------|-----------------------------|-----------------------------|------------------------------------|--|---------------------------------------|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
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| EVANGEL | 'AL | COUNCIL | FOR |
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| FINANCI | A | COUNTAB | LITY |

| * | * - | * | * | * | 4 | 6 | 9 | 8 | Page 4 |
|---|-----|---|---|---|---|---|---|---|--------|
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| Sched | ule F (Form 990) 2019 FINANCI ACCOUNTABILITY | **-**4698 | Page 4 |
|-------|--|-----------|--------|
| Part | IV Foreign Forms | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, | | |
| | Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No |

Schedule F (Form 990) 2019

| EVANGEL | AL | COUNCIL | FOR |
|-----------|----|----------|------|
| FINANCIAL | A | COUNTAB: | LITY |

Schedule F (Form 990) 2019 FINANCIA

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GRANT IN FURTHERANCE OF ECFA'S EXEMPT PURPOSES BY ASSISTING PEER

ACCOUNTABILITY EFFORTS IN ANOTHER COUNTRY. GRANT RECIPIENT PROVIDES

REPORTING FOR THE USE OF GRANT FUNDS UNDER A GRANT AGREEMENT. SUCH

REPORTS INCLUDE A DESCRIPTION OF THE EXPENDITURES MADE FROM THE GRANTED

FUNDS AND REPORTS ON THE GRANTEE'S COMPLIANCE WITH THE TERMS OF THE GRANT

AGREEMENT.

932075 10-12-19

Schedule F (Form 990) 2019 37 2019.03032 EVANGELICAL COUNCIL FOR F 12578011

| SCHEDULE I (Form 990) | | Q O O | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States | er Assistand d Individuals | Other Assistance to Organizations, , and Individuals in the United State | zations, ed States | | 2019 2019 |
|--|--|---|--|-------------------------------|---|---|--|--|
| Department of the Treasury | | | | Attach to Form 990. | n 990. | | | Open to Public |
| Internal Revenue Service | | | | s.gov/Form990 for | Go to www.irs.gov/Form990 for the latest information. | ation. | | Inspection |
| Name of the organization | | EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY | L FOR BILITY | | | | | Employer identification number ** - * * * 4.698 |
| Part I General Info | General Information on Grants and Assistance | nd Assistance | | | | | | |
| 1 Does the organiza | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | to substantiate the | amount of the grants c | or assistance, the g | jrantees' eligibility | for the grants or assis | tance, and the selection | |
| | criteria used to award the grants or assistance? | stance? | | | | | | X Yes No |
| | Describe in Part IV the organization's procedures for monitoring the use of grant tunds in the United States. | oceanies for monit | oring the use of grant t | unds in the United | States. | | | |
| | Grants and Other Assistance to Domestic Organizations and Domestic Governments. | Domestic Organiz | rations and Domestic | | omplete if the orga | nization answered "Y | Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | : IV, line 21, for any |
| recipient the | recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 (a) Name and address of organization 1 (b) EIN 1 (c) IBC section 1 (d) Amount of 1 | 5,000. Part II can I | be duplicated if additio | nal space is neede | el. (a) Amount of | (f) Method of | tel Doccintion of | (1) Dimension of annu- |
| or gove | or government | | (if applicable) | cash grant | assistance | valuation (book, FMV, appraisal, other) | tgj uescription of noncash assistance | (n) Furpose or grant or assistance |
| | | | | | | | | A SINGLE GRANT TO FUND |
| THE STEWARDS JOURNEY | IBY | | | | | | | THE PUBLISHING OF A BOOK |
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| COLBERT, WA 99005 | | # # # # # # # # # # # # # # # | _**_*567.907B3 | 12,500. | 0 | | | FINANCE. |
| | | | | | | | | A SINGLE GRANT IN |
| GLOBAL TRUST PARTNERS | TERS | | | | | | | FURTHERANCE OF THE |
| н. | RIVE | | | | | | | CHARITABLE PURPOSE OF |
| LITTLETON, CO 80128 | 83 | ••*:* <u>*</u> ******************************** | 50B8093 | 155,000. | 0. | | | GRANTEE PROMOTING |
| | | | | | | | | A SINGLE GRANT TO |
| NATIONAL CHRISTIAN FOUNDATION | FOUNDATION | | | | | | | PARTICIPATE IN A BROADER |
| - | L SUITE 500 | | | | | | | EDUCATIONAL INITIATIVE |
| ALPHARETTA, GA 30009 | 60 | | ** *5639493 | 10,000. | 0 | | | DEMONSTRATING THE |
| | | | | | , <u></u> | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Enter total number 3 Enter total number | Enter total number of section 501(c)(3) and government organizations listed Enter total number of other organizations listed in the line 1 table | nd government org | janizations listed in the table | in the line 1 table | | | | 3. |
| LHA For Paperwork F | For Paperwork Reduction Act Notice, see the Instructions for Form 990. SER DART TV FOR COLITMNV (H) T | TV FOR COT | ons for Form 990. | O. DESCRIDUCNS | | | | Schedule I (Form 990) (2019) |
| | | | | | | | | |

932101 10-26-19

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| EVANGELICAL COUNCIL I Schedule I (Form 990) (2019) FINANCIAL ACCOUNTABII | COUNCIL FOR | | | | **_**4698 Pare 2 |
|--|----------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|
| r Assista plicated i | . Complete if the | organization answe | ered "Yes" on Form 9 | 90, Part IV, line 22. | - |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | | |
| | | | | | |
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| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part II, column (b); and any other additional information. | L uired in Part I, line | e 2; Part III, column | (b), and any other ad | ditional information. | |
| PART I, LINE 2: | | | | | |
| GRANT RECIPIENTS PROVIDE REPORTING | FOR THE USE | USE OF GR? | OF GRANT FUNDS UNDER | VDER A GRANT | |
| AGREEMENT. SUCH REPORTS INCLUDE A I | A DESCRIPTI | ON OF THE | EXPENDITURI | PTION OF THE EXPENDITURES MADE FROM | |
| THE GRANTED FUNDS AND REPORTS ON TH | THE GRANTEE'S | E'S COMPLIANCE | HTIW | THE TERMS OF | |
| THE GRANT AGREEMENT. | | | | | |
| | : | | | | |
| PART II, LINE 1, COLUMN (H): | | | | | |
| NAME OF ORGANIZATION OR GOVERNMENT: | GLOBAL | TRUST PART | PARTNERS | | |
| (H) PURPOSE OF GRANT OR ASSISTANCE: | : A SINGLE | GRANT | IN FURTHERANCE | CE OF THE | |
| 932102 10-26-19 | | | | | Schedule I (Form 990) (2019) |

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| | CAL COUNCIL FOR L ACCOUNTABILITY | 0 | **-***4698 Page 2 |
|------------------------------|-------------------------------------|---------------|-----------------------|
| CHARITABLE PURPOSE OF GRANT | E PROMOTING CHRIST | -CENTERED ORC | GANIZATIONS |
| AROUND THE WORLD SET STANDAR | RDS OF FAITHFUL ADM | INISTRATION 2 | AND ACCREDIT |
| ORGANIZATIONS TO THOSE STAN | DARDS. | | |
| | | | |
| NAME OF ORGANIZATION OR GOVE | RNMENT: NATIONAL C | HRISTIAN FOUL | NDATION |
| (H) PURPOSE OF GRANT OR ASSI | ISTANCE: A SINGLE G | RANT TO PARTI | ICIPATE IN A |
| BROADER EDUCATIONAL INITIATI | IVE DEMONSTRATING T | HE IMPORTANCE | OF CHARITABLE |
| GIVING INCENTIVES TO THE CHE | IST-CENTERED CHURC | H AND MINISTR | Y COMMUNITY. |
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| | | | Schedule I (Form 990) |

40 2019.03032 EVANGELICAL COUNCIL FOR F 12578011

16170417 781823 12578010.0

| sc | | Compensation Information | (| OMB No. | 1545-00 | 47 |
|-------|-------------------------|--|---------------|-------------|----------------|---|
| (Fo | orm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 11 | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | <u>Z</u> U | | |
| Den | artment of the Treasury | Attach to Form 990. | (| Open t | | and the second se |
| Inter | nal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | 1.162 | | ection | |
| Nar | ne of the organization | EVANGELICAL COUNCIL FOR | Employer iden | | | mber |
| | | FINANCIAL ACCOUNTABILITY | **_*** | 469 | 8 | |
| P | art Questions | Regarding Compensation | - | | | |
| | | | | _ | Yes | No |
| 1a | Check the appropria | te box(es) if the organization provided any of the following to or for a person listed on Form | 990, | aller. | 1.00 | |
| | Part VII, Section A, li | ne 1a. Complete Part III to provide any relevant information regarding these items. | | | 19 | |
| | First-class or ch | arter travel Housing allowance or residence for person | nal use | | 25 | |
| | Travel for comp | anions Payments for business use of personal res | sidence | | 3 | |
| | | tion and gross-up payments Health or social club dues or initiation fees | 3 | | | 6.14 |
| | Discretionary sp | pending account Personal services (such as maid, chauffeu | r, chef) | | | 20.00 |
| | المعالم والمله المحمد | a line to one also and sha second which follows a written at the | | New Content | 145 | |
| a | • | n line 1a are checked, did the organization follow a written policy regarding payment or | | 41. | 100 | |
| 0 | | ovision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | |
| 2 | - | require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | P. 19.71 | |
| | trustees, and onicers | s, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | T |
| 3 | Indicate which if an | , of the following the organization used to establish the compensation of the organization's | | 1000 | | |
| Ŭ | | tor. Check all that apply. Do not check any boxes for methods used by a related organization | on to | Erer | 55 | |
| | | ion of the CEO/Executive Director, but explain in Part III. | 1110 | Sec. 1 | | |
| | Compensation | | | | | |
| | | mpensation consultant X Compensation survey or study | | | | |
| | | ner organizations IX Approval by the board or compensation co | ommittee | 1900 | 70 | |
| | | | | 1.24 | 6 | |
| 4 | During the year, did a | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | 1.1 | 1 | |
| | organization or a rela | ted organization: | | also Ir | 2011 | 100 |
| а | Receive a severance | payment or change-of-control payment? | | 4a | X | |
| b | | ve payment from, a supplemental nonqualified retirement plan? | | 4b | Х | |
| с | | vive payment from, an equity-based compensation arrangement? | | 4c | _ | X |
| | | s 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | and the | and a | 1000 |
| | | | | | | |
| | Only section 501(c)(| 3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | -10 | Ē. | |
| 5 | For persons listed on | Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | 1 | Start | 1 | |
| | contingent on the rev | venues of: | | | | 1.00 |
| а | The organization? | | | <u>5a</u> | | X |
| b | | lion? | | 5b | | X |
| | If "Yes" on line 5a or | 5b, describe in Part III. | | 5.82 | 8.4 | |
| 6 | For persons listed on | Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | 1 | 1.112 | | |
| | contingent on the ne | • | | 100 | | 1.118 |
| | | | | 6a | | X |
| b | | lion? | | 6b | 0 | X |
| | | 6b, describe in Part III. | | 2. Chi | Sanda I | - |
| 7 | | Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | (Hereiter) | and the second | |
| | | s 5 and 6? If "Yes," describe in Part III | | 7 | | X |
| 8 | | ported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | Cadio | ANN OF | |
| _ | | tion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | montiona | 8 | | X |
| 9 | | the organization also follow the rebuttable presumption procedure described in | | 1575 | THE S | |
| | Regulations section 8 | 53.495B-6(c)? | | 9 | _ | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

932111 10-21-19

| EVANGF Schedule J (Form 990) 2019 FINANC | EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY | COUNCIL COUNTAB: | L FOR BILITY | | **-**4698 | 698 | | Para 9 |
|--|---|---------------------|--|---|--|-------------------------|--|--|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compen | ployees, and H | lighest Co | mpensated Emple | oyees. Use duplicat | isated Employees. Use duplicate copies if additional space is needed | pace is needed. | | N 2 3 3 |
| For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. | reported on Sc m 990, Part VII. | chedule J, - | report compensation | on from the organiza | ttion on row (i) and fron | n related organizations | s, described in the instr | uctions, on row (ii). |
| Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total | individual mus | t equal the | total amount of Fc | ım 990, Part VII, Se | ction A, line 1a, applic | able column (D) and (E | amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. | vidual. |
| | (B) Break | down of W | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name and Title | (i) Base compensation | se sation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)()-(D) | in column (B) reported as deferred on prior Form 990 |
| (1) KIM SANDRETZKY | (i) 130,667 | 667. | 5,000. | 0. | 8,200. | 7.812. | 151.679. | C |
| EXECUTIVE VICE PRESIDENT | | • | .0 | .0 | •0 | •0 | .0 | 0 |
| (2) WARREN BIRD | 140 | ,000 | 5,000. | 0. | 4,178. | 15,240. | 164,418. | 0 |
| PRESIDENT | | 0 | .0 | 0. | •0 | I I | .0 | 0 |
| BUSBY | 253, | 416. | 0. | 2,799. | 30,367. | 17,532. | 304,11 | 0. |
| SIDENT | - 1 | • | | 0. | | | | •0 |
| (4) MICHAEL MARTIN | (i) 134, | 017. | 5,000. | 0. | 8,500. | 19,344. | 166,861. | .0 |
| EXECUTIVE VICE PRESIDENT | (0) | • | .0 | .0 | .0 | 0 | | .0 |
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932112 10-21-19

| Schedule J (Form 990) 2019 | EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY | **-*** #4698 |
|------------------------------------|--|---|
| Part III Supplemental Information | bion | |
| Provide the information, explanati | Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | omplete this part for any additional information. |
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| | | Schedule J (Form 990) 2019 |

932113 10-21-19

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. Go to www.irs.gov/Form990 for the latest information. EVANGELICAL COUNCIL FOR

FINANCIAL ACCOUNTABILITY

Inspection Employer identification number **-**4698_____

OMB No. 1545-0047

Open to Public

y

FORM 990, PART VI, SECTION A, LINE 6:

ECFA HAS OVER 2,400 MEMBER ORGANIZATIONS WHICH IT ACCREDITS AS BEING IN

COMPLIANCE WITH ECFA'S STANDARDS ON BOARD GOVERNANCE, FINANCIAL

ACCOUNTABILITY, AND FUNDRAISING/STEWARDSHIP PRACTICES.

FORM 990, PART VI, SECTION A, LINE 7A:

ANY CHANGES IN THE CORPORATE BYLAWS AND STANDARDS MUST BE APPROVED BY THE

MEMBERS. BOARD MEMBERS ARE ELECTED BY THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD MAY PROPOSE CHANGES TO THE BYLAWS AND STANDARDS THAT MUST BE

APPROVED BY THE MEMBERS. THE BOARD NOMINATES INDIVIDUALS FOR ELECTION OR

RE-ELECTION TO THE BOARD AND THE MEMBERS VOTE ON THE NOMINEES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD REVIEWED THE FORM 990 BEFORE IT WAS POSTED ON ECFA'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD AND KEY STAFF MEMBERS ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF

INTEREST. THESE POTENTIAL CONFLICTS OF INTEREST ARE MONITORED BY THE BOARD

DEVELOPMENT COMMITTEE TO ENSURE ADHERENCE TO THE ORGANIZATION'S POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT IS DETERMINED BY THE BOARD

WITH THE PRESIDENT RECUSED FROM THIS PROCESS. ECFA COMMISSIONED A

COMPENSATION ANALYSIS BY AN INDEPENDENT CONSULTANT THAT UTILIZED

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

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2019.03032 EVANGELICAL COUNCIL FOR F 12578011

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY Employer identification number **-**4698

Page 2

COMPARABILITY INFORMATION IN THE ANALYSIS. AFTER APPROPRIATE DELIBERATION

BY THE BOARD, THE COMPENSATION DETERMINATION IS FORMALLY RECORDED IN BOARD

MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE DISTRIBUTED UPON REQUEST.

FORM 990, PART XII, LINE 2C

THERE WERE NO CHANGES TO ITS OVERSIGHT PROCESS OR SELECTION PROCESS

DURING THE TAX YEAR.

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19