



Statewide SEFA Council

One United Way
P.O. Box 13865
Albany, New York 12212
518-782-SEFA (7332)
Fax: 518-456-2839
www.sefanys.org

2018 SEFA Recertification Instructions

We recommend you use Chrome or Mozilla/Firefox as your browser when completing this recertification. You may encounter problems using Internet Explorer (ie).

When completing the recertification, please refer to these instructions. If you have any questions, do not hesitate to reach out to your local campaign area [Coordinator](#), or, if you are a Statewide charity, Laurelee Dever at ldever@sefanys.org.

1. **Charity Legal Name.** Name of applicant charity, as it appears in the IRS Business Master File.
2. **DBA (Doing Business As).** Self-explanatory. If the name of the organization differs from the name that appears on the IRS determination letter, IRS Form 990, or audited financial statements, official documentation from the IRS or state government authorizing use of this name must be available if requested.
3. **List in Book Under.** Do you want to be listed as your legal name or DBA?
4. **FED EIN.** The nine-digit EIN assigned to the organization by the IRS and appearing on the IRS Form 990 submitted with this application.
5. **Charity Address1.** The physical street address.
- 5a. **Charity Address2.** P.O. Box
6. **City.** Self-explanatory.
7. **State.** Self-explanatory.
8. **Zip Code.** Self-explanatory.
9. **Phone Number.** This should be a phone number a donor would call with questions.
10. **Charity website address.** Self-explanatory. (format: [www.XXXXX.XXX](#))



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11. **Is your charity a member of a federation?** If you don't know, you probably aren't. There are state/national federations and United Way's are federations for their funded partners/member agencies. If you have a question whether or not you are a member of a federation or UW, contact the federation or local UW you believe you are a funded partner/member agency charity of.
 - State/National Federation, a dropdown box will appear for you to indicate which State/National Federation you are a part of.
 - United Way funded partner/member agency, a dropdown box will appear for you to indicate which United Way you are a member/funded partner of.

12. **SEFA Charity Region/Area #.** If you don't know your entire charity number, please use the [Charity Search](#). This is where you will enter the Region #. Once you enter this number, you will be asked either:
 - Local: Do you certify that a minimum of \$1,000 on qualifying charitable program services has been spent in each area you are recertifying for?
 - Statewide: Do you certify that a minimum of \$62,000 has been spent on qualifying charitable program services?
 - Look here for this information: 990 Form – Part IX (Statement of Functional Expenses), Column B (Program service expenses), Line 25 or or 990EZ form = Part III (Statement of Program Service Accomplishments), Line 32 (Total program service expenses).

- 12a. **SEFA Charity Code #.** This is the last five digits of your charity number.

13. **Date of most recent IRS Determination Letter (501(c)(3) tax exempt status).** Self-explanatory.

14. **NYS Charities Bureau Registration Number.** You have a Charities Bureau Registration number, even if you aren't required to file. To search for your number go to the [Charities Bureau Registry](#). In order to avoid problems, only enter your EIN number.

15. **Is your charity required to file annually with the NYS Charities Bureau?** Yes or No.

16. **Is your charity one of these?** Drop down choice. Self-explanatory.

17. **I certify that our charity is registered, current and has available for inspection, its annual financial filings with the Attorney General's Charities Bureau pursuant to Article 7A of the Executive Law and Section 8-1.4 of the Estates, Power and Trusts Laws (or is exempt from such registration, if applicable).** Yes or No



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18. **Period of last filing with the NYS Charities Bureau. Year Ended.** This is not the date you filed them. This is the tax year you filed for. You must use the calendar feature. If you try to manually enter the date, you will not be able to move to the next page.
19. **Period of last completed IRS Form 990. Year Ended.** This is not the date you filed your taxes. This is the tax year you filed for. You must use the calendar feature. If you try to manually enter the date, you will not be able to move to the next page.
20. **What tax form do you file?**
 - 990. You will be prompted to upload your most recent 990.
 - **990EZ. You will be prompted to upload a Pro forma IRS 990 form.** You do not need to hire a CPA to complete the Pro Forma IRS 990 form. The person who prepares your taxes can do it. **Instructions:** Click the link under the question for the form. The following sections must be completed:
 - Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block);
 - Page 7, Part VII (Compensation section A only);
 - Page 9, Part VIII (Statement of Revenues);
 - Page 10, Part IX Statement of Financial Expenses; and
 - Page 12, Part XII (Financial Statements and Reporting).
 - **990-N. You will be prompted to upload a Pro forma IRS 990 form.** See instructions above in 990EZ.
 - Part of a Group Exemption. You will be prompted to enter the EIN that it's under.
21. **Total Annual Revenues.** Enter the amount in Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue)
22. **Total Annual Administrative and Fundraising Expenses.** Enter sum of Part IX (Statement of Functional Expenses), Line 25, Column C (Management & General Expenses) and Column D (Fundraising Exp).
23. **Administrative and Fundraising Rate.** Divide 22 by 21 and move decimal two places to the right. This is your AFR. (format: 00.0)
24. **AFR Exceeding 25.0% Plan.** If your AFR exceeds 25.0%, then upload an explanation of why those expenses exceed 25.0% and provide a formal plan to reduce them to below 25.0%.
25. **I certify that despite being over 25.0%, our AFR is reasonable based on the plan submitted above.** Yes or No
26. **I certify that the principal activities and purpose of this charity is to carry out a bona fide program of charitable services.** Yes or No



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27. **I certify that this charity operates without discrimination in regard to all persons served by the campaign & is in compliance with all applicable requirements of law and regulations with respects to its officers, staff, employees and volunteers.** Yes or No
28. **We have the most current annual report describing our announced programs, goals and data demonstrating the extent of our achievements, including, where applicable, the extent of participation of our volunteers in the preceding year available for inspection.** Yes or No
29. **We agree to abide by all SEFA policies and procedures for the annual solicitation campaign.** Yes or No
30. **Provide a 25 word description of your organization's services.** This is what the donor will see about your organization. Do not use your organizations name. If more than 25 words are used, it will be truncated.
31. **First Name – Contact for this form.** Self-explanatory.
32. **Last Name – Contact for this form.** Self-explanatory.
33. **Form Contact's Title.** Self-explanatory.
34. **Form Contact's Email.** Self-explanatory.
35. **Finance Contact's First Name.** Self-explanatory.
36. **Finance Contact's Last Name.** Self-explanatory.
37. **Finance Contact's Title.** Self-explanatory.
38. **Finance Contacts Email.** Self-explanatory.
39. **Taxonomy Code.** Charities can identify up to three categories, in priority order, which most closely identify the type of mission, services, and activities provided. The corresponding letters will be printed in the SEFA organization book to assist donors in identifying charities by type of service provided, in addition to donors being able to search online based on type of service provided.
40. **New York State counties where program services are provided.** Choose all that apply. We intend on donors having the ability to search charities by county where services are provided.



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To choose more than one County, hold down the Control key and highlight the counties you provide services in.

41. **Charity Representative who is certifying this recertification.** This is the appointed representative who is authorized to certify and affirm all statements in this recertification. They are certifying that they have read all the certifications and affirm their accuracy. By checking “Yes” to the certifications, you are acknowledging and agree to comply with that certification.
42. **Certifying Representative Title.** Self-explanatory.
43. **Certifying Representative email address.** Self-explanatory.
44. **Comments.** Enter short comments here.