

2020 Iowa Shares New Member Application

lowa Shares, 20 East Market Street, Iowa City, Iowa 52240, (319) 338-1446 info@iowashares.org, www.iowashares.org

REQUIREMENTS

- Be recognized as a 501 (c)3 organization by the IRS
- Have a nondiscrimination policy in place
- Fundraising and administrative costs combined are limited to 25% or less of the organization's budget; administrative costs usually include executive and employee salaries (except for work that directly constitutes a program activity), accounting, IT and legal costs, utilities, and rent.
- Be in existence for a minimum of two years, or be a program of an organization that has been.

PROCESS

- Complete the Iowa Shares application form and email it to our Membership Chair Susan Leuthauser (<u>swleuthauser@gmail.com</u>) and our Program Coordinator Holly Hart (<u>holly@iowashares.org</u>).
 - Include all documentation listed on page 3 of this form.
- After the application is received, Iowa Shares requests that your organization give a short, informal
 presentation to the Iowa Shares board at one of our monthly meetings. This allows you and the Iowa
 Shares board members to ask questions. Presentations can be scheduled in January, March and
 May of 2020.
- If desired, a Board member would also be willing to present at one of your board or staff meetings, to answer any questions about Iowa Shares.
- Our Board meets via Zoom/conference call from 6:30-8:00 pm on the second Tuesday of most months. Please schedule your presentation time with Membership Chair Susan Leuthauser, <u>swleuthauser@gmail.com</u>, 563-940-7264.
- Immediately following your presentation, the Iowa Shares board will meet privately to vote on acceptance; you will be notified of the outcome of the vote within 24 hours.

MEMBERSHIP DUES

- First year full members receive a discount membership so they are able to build recognition and support. The first year dues are \$250 and must be paid in full by June 1 of the year accepted into Iowa Shares.
- The renewing second year full member dues are \$500 and must be paid in full by March 31 of the 2nd full membership year.
- The renewing full membership dues for subsequent years are currently set at \$850 per year. Renewing membership dues must be paid in full by March 31 of each subsequent year.
- Dues for organizations renewing as Associate Members are \$400.

INCOME EARNING OPPORTUNITIES

- Designated Donations
 - Designated funds will be given to the designated member organization minus the administrative fee. The administrative fee is 15% (effective October 2012).
- Undesignated Donations
 - The General Fund (or undesignated fund) is distributed only to full member organizations that are working on our point system. By participating in meetings, committee work, campaigns and fundraising, members have the opportunity to earn points. (The point system is self-explanatory.
- No organization is mandated to earn points. We understand that not every organization member has the time to commit to help maintain daily operations, so we developed our point system.
- The administrative % will be taken from the undesignated funds before the monies are distributed. The administrative fee for member organizations is 15% (effective October 2012).



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Organization:

Address, Phone, Fax, Email & Website:

Application Contact Person & Title:			
Phone & Email:			
Additional Contact & Title:			
Phone & Email:			
1) Please describe your organization's mission	or purpose:		
2) Do you currently have 501 (c)3 tax-exempts	status (Y/N)?		
Date your organization was incorporated:	Date 501 (c)3 granted:		
If not incorporated, is your organizatio	on part of anothe	r 501(c)3, or do you hav	e a fiscal agent (Y/N):
If so, who?	Date that organization was incorporated:		
3) Number of staff members? Full-time:	Part-time:	# of Volunteers:	#of Board Members:
4) Please describe the programs and/or servic	es you offer or pr	ovide:	
Geographic area served:		Demographic served	d:
4) Fiscal Information:			
A) Size of your annual budget: <\$25,00 \$100,000-\$250,000	00 >\$25	\$25,000-\$100,000 0,000	
B) Administrative percent:			
C) Does you organization conduct an	ı annual audit (Y/	N)ș	
5) Signature Required			
I, the undersigned, verify that the statements c	above are true ar	nd accurate to the best	of my knowledge.
Signature and Date:			
Printed Name:			

ATTACHMENTS

Please provide the following attachments:

- IRS 501 (c) 3 Letter
- Most recent IRS Form 990
- List of current board members (with their contact information)
- If annual gross revenue is between \$250,000 and \$1,000,000, the financial statements should be reviewed by an independent public accountant
- If annual gross revenue is in excess of \$1 million, its financial statements should be independently audited
- Annual Report, brochures, newsletters, etc.
- Nondiscrimination policy