



DONOR ADVISED FUND APPLICATION

1. DONOR INFORMATION

Donor #1

Mr. Mrs. Ms. Miss Dr. Other: _____

Name (<i>First, Middle, Last or Entity Name</i>):	
Nickname (<i>If applicable</i>):	
Mailing Address	
City, State, Zip Code	
Employer:	Position:
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Fax:	Date of Birth (<i>mm/dd/yyyy</i>):

Donor #2

Mr. Mrs. Ms. Miss Dr. Other: _____

Name (<i>First, Middle, Last</i>):	
Nickname (<i>If applicable</i>):	
Mailing Address (<i>If different from above</i>):	
City, State, Zip Code	
Employer:	Position:
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Fax:	Date of Birth (<i>mm/dd/yyyy</i>):

How would you like to be addressed in correspondence?

(e.g., Dr. and Mrs. John A. Smith; Joan and John Smith, etc.)

- Check here if one of the donors listed above will serve as the Fund Main Contact (*The Fund Main Contact is the individual serving as the primary contact for all account communications*):
 Donor #1 Donor #2

2. ADVISOR INFORMATION

If an advisor guided you to the California Community Foundation, please fill out the following section.

<input type="checkbox"/> Accountant	<input type="checkbox"/> Estate Planning Attorney
<input type="checkbox"/> Financial Advisor	<input type="checkbox"/> Other:
Advisor Name	Firm Name
Day Phone	Email Address
Mailing Address	
City, State, Zip Code	
<p>If you would like your advisor to have rights to certain aspects of your fund please check the boxes below</p> <input type="checkbox"/> Primary contact for all fund communications in lieu of donor(s) (<i>Fund Main Contact</i>) <input type="checkbox"/> Should have rights to perform transactions on the donor's behalf (<i>Signatory</i>) <input type="checkbox"/> Should receive courtesy copies of quarterly activity statements (<i>Fund CC</i>)	

3. NAME ADDITIONAL CONTACTS You may authorize individuals other than the Donors to serve as primary contact for the fund, receive duplicate statements, obtain information and/or perform transactions on your behalf. Attach additional sheets, if necessary.

- Mr. Mrs. Ms. Miss Dr. Other: _____

Name (<i>First, Middle, Last</i>):	
Employer:	Position:
Mailing Address	
City, State, Zip Code	
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Fax:	Date of Birth (<i>mm/dd/yyyy</i>):
<p>Relationship to Fund:</p> <input type="checkbox"/> Primary contact for all fund communications in lieu of donor(s) (<i>Fund Main Contact</i>) <input type="checkbox"/> Should have rights to perform transactions on the donor's behalf (<i>Signatory</i>) <input type="checkbox"/> Should receive courtesy copies of quarterly activity statements (<i>Fund CC</i>)	

Mr. Mrs. Ms. Miss Dr. Other: _____

Name (<i>First, Middle, Last</i>):	
Employer:	Position:
Mailing Address	
City, State, Zip Code	
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Fax:	Date of Birth (<i>mm/dd/yyyy</i>):
Relationship to Fund: <input type="checkbox"/> Primary contact for all fund communications in lieu of donors (<i>Fund Main Contact</i>) <input type="checkbox"/> Should have rights to perform transactions on the donor's behalf (<i>Signatory</i>) <input type="checkbox"/> Should receive courtesy copies of quarterly activity statements (<i>Fund CC</i>)	

4. **NAME YOUR FUND** (e.g., Smith Family Foundation, Unicorn Foundation, etc.) Grants made to charities are accompanied by a letter which includes the Fund name, unless anonymity is specifically requested. (*Limit: 60 characters*)

5. **RECOMMEND AN INVESTMENT POOL** You may recommend how your fund's contributions should be allocated. *If you do not make a recommendation, your contributions will be allocated to our Capital Preservation Pool.* For more investment pool information, please see visit our website at <http://www.calfund.org/about-ccf/investment-information>

- Endowment Pool:** Intends to offer capital growth for long-term grantmaking. The targeted asset allocation of this pool is 45% equities, 25% alternatives, 10% real assets, and 20% fixed-income. This is the primary vehicle used by CCF for the investment of its permanent funds.
- Social Impact Endowment Pool:** Intends to offer capital growth for long-term grantmaking, underlying investments undergo rigorous environmental, social and governance analysis. The targeted asset allocation of the pool is 60 – 75 % equities and 40 to 20% fixed income.
- Conservative Balanced Pool:** Intends to offer moderate growth for intermediate term (3-7 year) grantmaking. The targeted asset allocation of the pool is 70% fixed income and 30% equities.
- Capital Preservation Pool:** Intends to offer preservation of principal and liquidity for short-term (0-2 years) grantmaking. The targeted asset allocation of the pool is 100% short-term (under 6 months average weighted maturity) investment grade fixed income.
- Home LA Loan Fund:** Used to provide 3 or 5-year seed capital to organizations building permanent supportive housing units for the chronically homeless. During the investment term, fund balance will be restricted by the amount of this investment, reducing the balance available for grant making. Donors can elect to invest up to 90% of their fund balance in this option. \$50,000 minimum investment.

6. DESIGNATE SUCCESSOR(S) What would you like to happen to your fund after you pass?

Our External and Donor Relations staff is a resource for questions about the future use of your fund, structuring future family or successor advisor involvement and integrating your fund into your overall tax and estate plans. If no successor is elected during your lifetime your fund will be turned into a Field of Interest fund reflecting your grantmaking history. Your options as a fund holders are listed below.

I wish the fund to become part of CCF's **Future of Los Angeles Fund**, supporting the most pressing charitable needs in communities throughout Los Angeles County. %

I wish to designate a **field of interest** (e.g. healthcare, animal welfare), **particular community** (e.g. San Gabriel Valley), **population** (e.g. at-risk youth), or **specific nonprofit organizations** to receive ongoing support from my fund. %

Please specify:

I wish to name the **following individual(s) as successor advisors*** to my fund: %

Mr. Mrs. Ms. Miss Dr. Other:

Name (<i>First, Middle, Last</i>):	
Relationship to Donor:	
Mailing Address	
City, State, Zip Code	
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Fax:	Date of Birth (<i>mm/dd/yyyy</i>):

* Funds passed to a successor advisor are subject to our spending policy as described in the Charitable Fund Guidelines. If you wish to add more than one successor advisor, please attach an additional sheet of paper with the above information for each individual.

7. PHILANTHROPIC INTERESTS Please check all grantmaking issue areas that most interest you in relation to your fund and that you would be willing to support with your grants:

- | | |
|---|--|
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Human Development |
| <input type="checkbox"/> Aging | <input type="checkbox"/> International Causes |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Neighborhood Revitalization |
| <input type="checkbox"/> Basic Needs | <input type="checkbox"/> Peace & Justice |
| <input type="checkbox"/> Civic Participation | <input type="checkbox"/> Pets & Animals |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Religions |
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Education & Scholarships | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health & Wellness | |

8. **REFERRAL SOURCE** Please tell us how you first heard about the California Community Foundation. If the sources were multiple, please check and identify the one that had the biggest impact.

- From a friend or associate: _____
- From a CCF employee: _____
- From a CCF Board Member: _____
- From an attorney, advisor, CPA, or other professional: _____
- CCF Website
- Other: _____

9. **DONOR SERVICES**

Philanthropic consultation is a great way to create a plan for your philanthropy. Your relationship manager will be in touch to schedule your welcome meeting

Philanthropic consultation is a complimentary personalized service provided by the donor services team. Overseen by your dedicated Relationship Manager, consultations involve informative discussions and use CCF's team of experts to help identify grantmaking opportunities, establish giving goals or plans and involve family members in your giving.

Multigenerational Consultation is a great way for CCF to work with you to involve current and future generations in your philanthropy to make the giving experience more fulfilling. By listening to donors and understanding their needs and interests, CCF can introduce giving to younger generations, while engaging current generations and enriching philanthropy for the entire family.

CCF also provides **nonprofit research** as a complimentary service for donors who wish to identify nonprofit organizations in a new area of interest or conduct additional due diligence on the organizations they wish to support. This unbiased, comprehensive and up-to-date research helps you determine whether an organization is efficiently run and will maximize the impact of your giving. CCF can also explore additional organizations that you may not have considered, providing an objective point of view that can help you consider all your options and ensure your giving can be most meaningful for you.

10.

CERTIFICATION All Donors of the fund must sign below.

I understand and acknowledge that grants from the fund must directly and fully support a charitable program and I **will not** submit a recommendation intended to:

- Fulfill a legally binding pledge or other financial obligation
- Benefit myself, any specific individual or to benefit an entity in which I hold 35% or more controlling interest
- Support political campaigns or lobbying activities
- Pay for membership benefits, event tickets (galas, sporting events), goods bought at auction, tuition, religious benefits, etc.

I understand that grant recommendations are subject to the review and approval of California Community Foundation and grants must comply with the policies detailed in California Community Foundation's [Charitable Fund Guidelines](#). Such recommendations are not binding on the Foundation and may be accepted or rejected, in whole or in part, by the Foundation in its sole and absolute discretion.

I understand that contributions to the fund are irrevocable gifts and shall not be the result of fundraising activities where a material benefit is provided in exchange for a charitable contribution.

Signature

Date

Donor #1

Signature

Date

Donor #2



CALIFORNIA COMMUNITY FOUNDATION
DONOR ADVISED FUND
INSTRUMENT OF GIFT

This Agreement is made this ____ day of _____, in the year ____, between _____ (the "Donor") and the California Community Foundation (the "Foundation"), a California nonprofit public benefit corporation having its principal office in the City of Los Angeles and State of California, to create a philanthropic and charitable fund.

1. **Creation of Fund.** The fund shall be known as the _____ (the "Fund").

All money and property transferred to the Fund shall be an irrevocable gift to the Foundation.

2. **Management of Fund.** The Foundation shall hold, manage, invest and reinvest the Fund, shall collect the income and shall pay and disburse the net income and principal therefore exclusively for general charitable uses and purposes, in accordance with the provisions specified in the Articles of Incorporation of the Foundation. The Articles of Incorporation have been adopted by the Board of Directors of the Foundation, and their provisions, as they may be amended from time to time, are hereby incorporated by reference and conclusively assented to and adopted. The phrase "charitable uses and purposes" shall be defined as all of those activities, uses and purposes described in Section 501(c)(3) of the Internal Revenue Code of 1986 (the "Code").

3. **Donor Advice.** The Donor (or any person nominated by the Donor and acceptable to the Foundation) may from time to time submit recommendations to the Foundation concerning the distribution of income and principal (to the extent not disbursed pursuant to paragraph 2) exclusively for general charitable uses and purposes, either within or without the State of California. Such recommendations are not binding on the Foundation and may be accepted or rejected, in whole or in part, by the Foundation in its sole and absolute discretion.

4. **Costs of Administration.** The Foundation shall charge fees to the Fund in accordance with the Fee Schedule adopted from time to time by the Foundation's Board of Directors. The Fee Schedule in effect as of the date of this Agreement is attached as Attachment A.

5. **Component Part and Donor Advised Fund.** It is intended that the Fund shall be a component part of the Foundation as defined in Section 1.170A-9(f)(11) of the Income Tax Regulations and that nothing in this Agreement shall affect the status of the Foundation as an organization (i) described in Section 501(c)(3) of the Code and (ii) which is not a private foundation within the meaning of Section 509(a) of the Code. The Fund shall meet the requirements of a donor advised fund under Section 4966 of the Code. Among other things, the Fund shall not (i) make distributions to individuals, private non-operating foundations, certain supporting organizations or to any organization for a non-charitable purpose; (ii) maintain excess business holdings as described under Section 4943(e) of the Code; (iii) engage in excess benefit transactions as described under Section 4958 of the Code or (iv) provide prohibited benefits as described under Section 4967 of the Code. This Agreement shall be interpreted in a manner consistent with the foregoing intention and to conform to the requirements of the foregoing provisions of the Federal tax laws and any regulations issued thereunder.

6. **Status of Foundation.** All transfers of property under this Agreement are subject to the condition that the Foundation, as of the date of transfer, is classified in good standing by the Internal Revenue Service as an organization (i) described in Section 501(c)(3) of the Code and (ii) which is not a private foundation as defined in Section 509(a) of the Code.

7. **California Law.** The Fund created by this Agreement shall be administered in and under the laws of the State of California, and this Agreement and the validity thereof shall be governed by and construed in accordance with the laws of the State of California.

8. **Variance Power.** The Fund is protected from obsolescence. If, in the sole judgment of the Board of Directors of the Foundation, the purposes for which the Fund was created ever become unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community served by the Foundation, the Foundation's Board of Directors shall modify any restriction or condition on the use or distribution of the income and principal of the Fund.

IN WITNESS WHEREOF, the Donor and the Foundation have executed this Agreement as of the date first above written.

Donor:

By: _____

CALIFORNIA COMMUNITY FOUNDATION:

By: _____

Administrative Fee Schedule



at a glance

The California Community Foundation (CCF) prides itself on fiscal responsibility and transparency. This schedule provides important information about the CCF administrative fees and how they apply to different CCF funds.

The California Community Foundation (CCF) charges administrative fees to cover general operating costs for gift establishment, receipt of assets and contributions, grants and fund administration, research on nonprofit agencies and issue areas and other charitable purposes. Investment management and consulting fees related to the foundation's investment pools are charged separately. Additional fees may be charged for any mutually agreed-upon extraordinary legal, banking, separately managed investment accounts or other services rendered on behalf of a fund.

FUND TYPE*	MINIMUM TO ESTABLISH	ANNUAL FEE STRUCTURE ASSET AMOUNT	RATE
DONOR ADVISED FUNDS	\$25,000	Assets up to the first \$1,000,000	1.25%
		Assets over \$1,000,000 and up to \$5,000,000	0.75%
		Assets over \$5,000,000 and up to \$20,000,000	0.50%
		Assets over \$20,000,000 and up to \$100,000,000	0.15%
		Assets over \$100,000,000	0.05%

assessed quarterly (minimum of \$750 per year)

EXAMPLE

A donor, Mrs. Suarez, has established a **Donor Advised Fund** in the amount of **\$40 million**. Based on the balance of her fund, Mrs. Suarez's fund will incur the following annual fees (see **Figure A**): 1.25% on the first \$1 million; 0.75% on amounts from \$1 million to \$5 million; 0.50% on amounts from \$5 million to \$20 million; and 0.15% on amounts from \$20 million to \$100 million. Assuming Mrs. Suarez's balance will remain at \$40 million, she will pay **\$147,500** over the course of the year for an average rate of 0.37%.

Figure A

1.25% of assets up to the first \$1,000,000	\$ 12,500/yr
0.75% of assets from over \$1,000,000 up to \$5,000,000	+ \$ 30,000/yr
0.50% of assets from over \$5,000,000 up to \$20,000,000	+ \$ 75,000/yr
0.15% of assets from over \$20,000,000 up to \$100,000,000	+ \$ 30,000/yr
	= \$147,500/yr

FUND TYPE*	MINIMUM TO ESTABLISH	ANNUAL FEE STRUCTURE ASSET AMOUNT	RATE
PRIVATE FOUNDATION ALTERNATIVE FUNDS	\$3,000,000	Assets up to the first \$3,000,000 Assets over \$3,000,000 and up to \$5,000,000 Assets over \$5,000,000 and up to \$20,000,000 Assets over \$20,000,000 and up to \$100,000,000 Assets over \$100,000,000 Assessed quarterly (minimum of \$12,500 per year)	1.25% 0.75% 0.50% 0.15% 0.05%
RESTRICTED FUNDS	\$25,000	Contact CCF for fee information Assessed annually on July 1	
RESTRICTED SCHOLARSHIP FUNDS DISCRETIONARY SCHOLARSHIP FUNDS	\$100,000	Contact CCF for fee information Assessed annually on July 1 (minimum of \$750 per year)	
COMMITTEE-ADVISED SCHOLARSHIP FUNDS	\$100,000	All amounts Assessed quarterly (minimum of \$750 per year)	1.50%
FUTURE OF L.A. FUNDS FIELD OF INTEREST FUNDS	\$25,000	Contact CCF for fee information Assessed annually on July 1	
CHARITABLE REMAINDER UNITRUSTS OR ANNUITY TRUSTS	\$100,000	Trustee fee of 0.5% of assets, plus fees charged by third-party administrator for investment management and trust administration Assessed quarterly	
CHARITABLE GIFT ANNUITIES	\$25,000	0.5% of assets, plus fees charged by third-party administrator for investment management and annuity administration Assessed quarterly	
FISCAL SPONSORSHIPS**	\$25,000	Contact CCF for fee information Assessed quarterly	
AGENCY FUNDS	\$100,000	Contact CCF for fee information Assessed quarterly	

* A pass-through fee of 3% will be charged to any fund where the funds are considered pass-through (i.e., held for less than six months).

** CCF Community Initiatives Fund (CCF CIF), a California nonprofit public benefit corporation operated, supervised and controlled by the California Community Foundation, operates as the fiscal sponsor.

IMPORTANT LEGAL DISCLOSURE

The information provided is general and educational in nature. It is not intended to be, and should not be construed as, legal or tax advice. The California Community Foundation does not provide legal or tax advice.

You should consult your tax advisor to properly determine the tax consequences of making a charitable gift to the California Community Foundation. Contributions to the California Community Foundation represent irrevocable gifts subject to the legal and fiduciary control of the foundation's board of directors.
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