

# Authorization Form CHARITABLE CHECKING FUND (CCF) ORGANIZATION

(Any Legal Entity)

Preferred Name Race/Ethnicity* Gender* Birthday  Email Address Cell Phone Number Home Phone Number Work Phone Number  Mailing Address City State Zip Code  Title within Establishing Entity  Additional Fund Advisor: Another point of contact for the fund with equal rights and privileges	The Community known as the:											
other qualified organizations. Grant distributions to nonprofits are accompanied by a letter that includes the Fund na and additional contact information as specified below. Please check one of the following:  Share the name and primary address of the fund contact recommending the grant.  Make all distributions to nonprofits partially anonymously: Share the name of the fund contact recommending the grant, but do not share a mailing address.  Make all distributions to nonprofits anonymously: Do not share the Fund name, a name, or a mailing address.  Make all distributions to nonprofits anonymously: Do not share the Fund name, a name, or a mailing address.  Default Donor Acknowledgment Salutation (e.g.: Legal Entity's Name)  Default Donor Acknowledgment Mailing Address  City  State  Zip Code  The following persons are authorized to make grant distributions from this Fund. The number of people that must any distribution is  (Recommended: two or more signatures)  Primary Fund Advisor: The main point of contact for the fund  Prefix (e.g. Ms.) First Name  Middle Name  Race/Ethnicity*  Gender*  Birthday  Additional Fund Advisor: Another point of contact for the fund with equal rights and privileges  Prefix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.  Middle Name  Race/Ethnicity*  Gender*  Birthday  Last Name  Suffix (e.  Middle Name  Last Name  Middle Name  Suffix (e.  Middle Name  Race/Ethnicity*  Gender*  Birthday	Fund Name (e.g.: C	ompany A Fur	nd; Legal Business Z F	-oundati	on Fund)							
Share the name and primary address of the fund contact recommending the grant.  Make all distributions to nonprofits partially anonymously: Share the name of the fund contact recommending the grant, but do not share a mailing address.  Make all distributions to nonprofits anonymously: Do not share the Fund name, a name, or a mailing address by default, share the following acknowledgment information:  Default Donor Acknowledgment Salutation (e.g.: Legal Entity's Name)  Default Donor Acknowledgment Mailing Address  City  State  Zip Code  The following persons are authorized to make grant distributions from this Fund. The number of people that must any distribution is  (Recommended: two or more signatures)  Primary Fund Advisor: The main point of contact for the fund  Prefix (e.g. Ms.) First Name  Middle Name  Race/Ethnicity*  Gender*  Birthday  Additional Fund Advisor: Another point of contact for the fund with equal rights and privileges  Prefix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.  Work Phone Number  Title within Establishing Entity  Additional Fund Advisor: Another point of contact for the fund with equal rights and privileges  Prefix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.  Suffix (	Grant distributio other qualified o and additional co	ns of \$100. Irganization	.00 or more can is. Grant distribu mation as specif	be ma tions t ied be	de to 501( o nonprofi low. Please	(c)(3) public ts are accor e check one	charities in the character in the charac	n the Uni y a letter owing:	ited Sta that in	ates a Iclude	s well s the	l as certa Fund nan
recommending the grant, but do not share a mailing address.  Make all distributions to nonprofits anonymously: Do not share the Fund name, a name, or a mailing address By default, share the following acknowledgment information:  Default Donor Acknowledgment Salutation (e.g.: Legal Entity's Name)  Default Donor Acknowledgment Mailing Address  City  State  Zip Code  The following persons are authorized to make grant distributions from this Fund. The number of people that must at any distribution is (Recommended: two or more signatures)  Primary Fund Advisor: The main point of contact for the fund  Prefix (e.g. Ms.) First Name  Middle Name  Race/Ethnicity*  Gender*  Birthday  First Name  Middle Name  City  State  Zip Code  Additional Fund Advisor: Another point of contact for the fund with equal rights and privileges  Prefix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.g. Ms.) First Name  Middle Name  Last Name  Additional Fund Advisor: Another point of contact for the fund with equal rights and privileges  Prefix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.g. Ms.) First Name  Middle Name  Last Name  Suffix (e.g. Ms.) First Name  Middle Name  Last Name  Now's Phone Number												
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### Additional Fund Advisor: Another point of contact for the fund with equal rights and privileges

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Title within Est	ablishing Entity											

Any person listed above has full and equal access to information and may request grant distributions from the fund.

- If the entity establishing the CCF should dissolve or cease to exist, any balance remaining in a fund will be distributed to the Fund for Louisville within the following twelve months, unless otherwise designated by the establishing entity in the Letter of Final Disposition.
- V. Quarterly fund statements are available through the online donor platform. Fund contacts will receive an email notification when the statement is available.
- VI. Our entity resides in an area covered by one of the Foundation's affiliates and we would like this Fund to be associated with and considered part of one of the affiliate foundations identified below:

Please select your affiliate Com	munity Foundation, if applic	cable		
Green River Area	Nelson County	Oldham County	Shelby County	Wilderness Trace Area (Danville)

VII. This Fund is being established by the legal entity for which we are representatives. If we, the fund contacts above, are not senior officers of the establishing entity, a senior officer has signed below. By signing below, the senior officer representing the establishing entity acknowledges that the above listed fund contacts will have Full Access to request distributions and receive information from this fund on behalf of the establishing entity.

Senior Officer of Establishing Entity: Print Name and Job Title	Senior Officer: Sign Name	Date Signed	

\*The Community Foundation of Louisville is committed to principles of diversity, equity, and inclusion, and we encourage you to provide the optional information if you are comfortable doing so.



## Letter of Final Disposition CHARITABLE CHECKING FUND (CCF) ORGANIZATION

(Any Legal Entity)

Please accept this letter as our entity's instructions to the Community Foundation of Louisville Corporate Depository, Inc. for the disposition of the remaining balance in our entity's Charitable Checking Fund in the event of our entity dissolving. We understand that all distributions must be distributed to IRS-approved, public charitable organizations.

### **Distribution Instructions:**

Please distribute any balance remaining in our entity's Charitable Checking Fund to the charitable organizations listed below and in the percentages indicated. If no charities are named, or if the fund balance is less than \$100, the assets of the fund will be distributed to the Fund for Louisville of Community Foundation of Louisville, Inc.

% of the Fund	Name of Charitable Organization	State	Zip Code
%			
% of the Fund	Name of Charitable Organization	State	Zip Code
%			
% of the Fund	Name of Charitable Organization	State	Zip Code
%			
% of the Fund	Name of Charitable Organization	State	Zip Code
%			
% of the Fund	Name of Charitable Organization	State	Zip Code
%	Fund for Louisville of the Community Foundation of Louisville, Inc.	KY	40202
% of the Fund	To the General Unrestricted Endowment of the affiliate foundation in the following area (Optional	l, check one):	
%	Green River Area Nelson County Oldham County Shelby County	Wilderness	Trace Area (Danville)
% of the Fund	To add to an existing permanent fund in the Community Foundation of Louisville, the:		
%			
% of the Fund	To establish a new permanent fund (\$25,000 minimum) in the Community Foundation of Louisvil	le to be named	the:
%			

Please check here if a separate letter with detailed instructions for distributions to charitable organizations is attached.

We understand that these instructions may be changed at any time by notifying the Community Foundation in writing We understand and agree to the Charitable Checking Fund policies as established by the Foundation.

Primary Fund Contact: Sign Name	Date Signed	Additional Fund Contact: Sign Name	Date Signed
	1 1		1 1
Additional Fund Contact: Sign Name	Date Signed	Additional Fund Contact: Sign Name	Date Signed
	1 1		1 1



### Memo RE: Designated Purpose for the

Fundholder Name

The	has been established at the
Community Foundation of Louisville for the sol	e purpose of:
The above purpose will be carried out through qualified $501(c)(3)$ charitable organizations. I ube accepted to this fund and therefore no char above will be made. I also understand that the modify the purpose of this fund if needed such organization dissolving or losing their tax exemples.	inderstand that third party donations manages to the designated purpose described Community Foundation of Louisville shall as in the instance of the charitable
Sincerely,	

Fundholder Signature

Date Signed



### Policies CHARITABLE CHECKING FUND (CCF)

### **Contributions to a Charitable Checking Fund**

Contributions to funds at the Community Foundation of Louisville ("Foundation") are irrevocable gifts to a public charity and eligible for the maximum tax deduction allowed by law. The Foundation accepts gifts including cash, publicly traded securities, private business interests, cryptocurrency, and real estate. Any person or organization may make a contribution into a donor's fund. All contributions are subject to review and approval by the Foundation prior to acceptance and are irrevocable once accepted. The Foundation does not provide tax, legal, or financial advice and encourages donors to consult with their own professional advisors prior to making a contribution.

### **Contributions of Non-Cash Assets**

The general policy of the Foundation is to sell all contributed property as soon as practicable after receipt. For non-publicly traded assets, the Foundation will exercise discretion as to the holding period and sales price. Any costs incurred by the Foundation necessary for the disposition of securities and other assets, or necessary for the holding and management of other assets, will be an expense charged to the CCF. These costs may include commissions for the sale of contributed stock, expenses for the management of assets prior to disposition, and annual appraisals as necessary or required.

### **Grants from Charitable Checking Funds**

Grants may be distributed to any 501(c)(3) public charity in the United States as well as certain other qualified organizations. Unless otherwise indicated, grants will be made in the name of the donor's fund and the donor's name and mailing address will be shared with the grantee organization. Grants must be at least \$100 and can be designated for a specific purpose and/or made anonymously.

The IRS does not allow the Foundation to make distributions from a CCF to individuals or to pay fundraising expenses. Grants from a CCF cannot confer any direct or indirect benefit on the donor, fund advisor, or related persons. Such prohibited benefits include paying membership dues, fulfilling a legally enforceable obligation (including a pledge), purchasing items at a charitable auction, contributing to a college athletic fund, or purchasing tickets for an event.

The IRS also does not allow the Foundation to make distributions from a CCF to support a political campaign on behalf of, or in opposition to, any candidate for public office, or to support activities that are in direct support of, or in opposition to, a specific piece of introduced legislation. Because contributions to CCFs are eligible for a charitable tax deduction, grants subsequently made from CCFs are not tax deductible.

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### **Joint Fund Policy**

For joint CCFs, in the event of a divorce or separation, absent contrary direction agreed to by the joint fundholders, the fund shall be divided equally between the joint fundholders and two separate funds will be created.

### **Letter of Final Disposition**

In a Letter of Final Disposition, the fundholder may identify qualified charitable organizations to receive the remaining balance in the Fund following their death and/or the death of their spouse. In the alternative, the fundholder may distribute the remaining balance to an existing permanent endowment fund at the Foundation or use the remaining balance to create a new permanent endowment fund at the Foundation, such as a scholarship fund or a designated fund that supports a specific list of charities. If you would like to learn more about starting a new permanent endowment fund with the remaining balance in your CCF, please contact the Foundation at 502.585.4649 or stewardship@cflouisville.org.

### **Fund Activity**

The Foundation monitors the use of CCFs to ensure their activity leads to charitable distributions. The Foundation periodically audits funds that are inactive to ensure the Foundation understands the fundholder's charitable intentions for their fund. In the event that no grant recommendations have been submitted for 3 consecutive years and efforts to contact the fundholder have not been successful, the Foundation may presume that no one has an interest in advising the fund and may terminate such rights after written notice to the fundholder.

### **Fund Statements**

Fund statements will be available on a quarterly basis through the online donor portal. If you would like to receive fund statements through the mail, please contact us at <a href="mailto:stewardship@cflouisville.org">stewardship@cflouisville.org</a> or 502.585.4649.

### **Fundraising**

Individual component funds <u>cannot</u> use the Foundation's 501(c)(3) status or EIN to submit grant applications or funding requests to outside funders, such as government entities or private, public or corporate foundations.

The Foundation <u>cannot</u> sponsor or reimburse expenses for any fundraising activities or any other events intended to benefit any charitable checking fund, and will not be responsible for the collection of any amounts from any benefit, ball, banquet, athletic event or third-party online fundraising page. Please consult the Foundation before planning any fundraising events as restrictions apply.

### **Actions by Agents**

Donors may designate an authorized third party, such as a professional advisor or power of attorney, to have access to their fund. Duly authorized third parties may have full access to a fund, which includes making grant recommendations, or read- only access. It is our practice to work with the authorized third party's support staff to carry out your wishes with regard to this fund.