



Donor-Advised Funds

Congratulations!

You're making good happen.

Congratulations on taking the first step towards making a big impact in the communities and causes you care most about. A donor-advised fund is a smart, and a tax-advantaged, tool to make good happen.

You can open your fund using a variety of assets, including appreciated stock. Every contribution qualifies for an immediate tax deduction and the money grows tax free. When you're ready, you make grant recommendations to any qualifying 501(C)(3) organization in the United States.

Donor-advised funds also can be used for long-term and estate planning, providing you an opportunity to be thoughtful and intentional about your legacy.

We look forward to supporting you on your charitable journey

Getting started

Let's begin! Please complete the following. If you have any questions or need assistance completing this form, we're available at philanthropy@communityfirstfoundation.org or 720-898-5900.

\$5,000
Minimum to open Donor-Advised Fund

1 Let's Name your Fund

Choose a name for your fund. Name it whatever you'd like - after yourself, your family, in memory of someone, or after an issue area you care about.

Fund Name

2 About you

Help us get to know you. Please include the name(s) of the person(s) you'd like to be the Primary Donor(s). This person(s) has full advisory privileges and can make grant and investment recommendations, and can name or revise successor advisors.

Primary Donor(s) access information about the fund, including monthly statements, and recommend grants through a secure online portal (iCommunity). When your fund is officially open, you'll receive instructions on how to create a user account and register for online access.

Primary Donor (Donor 1)

First Last

Email

Preferred Mailing Address

City State Zip

This is a Home Business

Business Name (If applicable)

Business Phone

Cell phone

Birthdate

Preferred contact method:

Cell Phone

Business Phone

Email

US Mail

Additional Primary Donor (Donor 2)

First

Last

Email

Preferred Mailing Address

City

State

Zip

This is a Home Business

Business Name (If applicable)

Business Phone

Cell phone

Birthdate

Relationship to Primary Donor:

Preferred contact method:

Cell Phone

Business Phone

Email

US Mail

**Making
Good
Happen**

3 Do you have a Professional Advisor?

We're happy to coordinate your philanthropy with your most trusted advisors. Please share the information for the professional advisor(s) you use to manage your affairs. Where applicable, please select "Yes" if you are authorizing your advisor to recommend grant or investment decisions on your behalf. This information is protected and we don't share it outside of Community First Foundation.

Wealth / Professional Advisor

First Name

Last Name

Business Address

City

State

Zip

Business Name

Business Phone

Cell phone

Preferred Email Address

This person has my/our permission to:

recommend investment decisions.

view the fund online.

recommend grant recommendations on behalf of the Primary Donor.

Accountant

First Name

Last Name

Business Address

City

State

Zip

Business Name

Business Phone

Cell phone

Preferred Email Address

This person has my/our permission to:

recommend investment decisions.

view the fund online.

recommend grant recommendations on behalf of the Donor.

Giftting to Your Fund

The minimum size to establish a Donor-Advised Fund is \$5,000.

What is your approximate opening gift amount?

When do you plan to make the initial gift?

My opening gift will be in the form of...

NOW

FUTURE

Cash / Wire

Publicly-traded securities

Real estate

Personal Property (artwork, jewelry, etc.)

Retirement assets

Charitable assets (private foundation)

Insurance proceeds

Business interests (including partnerships and interests in LLCs)

Charitable remainder trust

Charitable lead trust

Your Fund's Future

Primary Donor(s) may designate one or more individuals as "Successor Advisors". These are individuals who can recommend grants and investment selections to the Foundation from your Fund in the event of the Primary Donor(s) death or incapacity.

Please indicate the Successor Advisors to direct your grants upon your resignation, incapacity or death. If otherwise not indicated in Option 2, successor advisors may make grants to any 501(C)3 they wish outside of the Primary Donor's granting habits.

If you do not wish to name Successors Advisors, please leave this section blank. If you wish to identify additional people or organizations, please attach a separate page.

Option 1: Appoint Successor Advisor(s)

Successor Advisor #1:

First Name

Last Name

Relationship to you (donor)

Address

City

State

Zip

Business Name

Business Phone

Cell phone

Preferred Email Address

Under 18?

Successor Advisor #2:

First Name

Last Name

Relationship to you (donor)

Address

City

State

Zip

Business Name

Business Phone

Cell phone

Preferred Email Address

Under 18?

Successor Advisor #3:

First Name Last Name
Relationship to you (donor)
Address
City State Zip
Business Name
Business Phone Cell phone
Preferred Email Address
Under 18?

Successor Advisor #4:

First Name Last Name
Relationship to you (donor)
Address
City State Zip
Business Name
Business Phone Cell phone
Preferred Email Address
Under 18?



OPTION 2: Distribute the balance to specific organizations

Please indicate the nonprofit organization(s) you wish your Successor Advisors to direct your grants to upon your resignation, incapacity, or death. If you wish to identify additional organizations, just let us know. Please note, if the organization(s) you select are no longer in good standing with the IRS or have ceased to exist, Community First Foundation will find an organization with a closely-aligned mission to receive the grant(s), unless otherwise instructed.

Organization #1:

Name of Nonprofit

Tax ID Number

City

State

Zip

Percentage or Dollar Amount \$

Organization #2:

Name of Nonprofit

Tax ID Number

City

State

Zip

Percentage or Dollar Amount \$

Organization #3:

Name of Nonprofit

Tax ID Number

City

State

Zip

Percentage or Dollar Amount \$

Organization #4:

Name of Nonprofit

Tax ID Number

City

State

Zip

Percentage or Dollar Amount \$

Option 3: Distribute the balance to one of Community First Foundation's impact areas.

The Community First Foundation Impact Fund is a permanent endowment from which grants are made each year to the Jefferson County community to support a variety of causes. You can choose one or all the impact areas to make grant recommendations.

- | | |
|------------------|-----------------------------------|
| Essential needs | Resilient & connected communities |
| Civic engagement | Economic prosperity |

Option 4: Distribute the balance to organizations serving a particular need.

Please identify the interest area(s) or geographic area(s) to which you would like the Community First Foundation to make grants from your fund after your incapacity or death. Please check all that apply or describe other areas in the space provided.

- | | | |
|----------------------|-------------------------------|------------------------------------|
| Animal welfare | Economic development | Civil rights/social action |
| Arts & culture | Healthcare/wellness/nutrition | Parks & recreation |
| Child/family poverty | Housing | Social innovation/impact investing |
| Mental health | Early childhood education | Human/social services |
| Environment | K-12 education | |

Specific geographic area or other fields of interest:

6

Your Charitable Legacy

If your estate plans include a gift to your fund at Community First Foundation, or you are interested in exploring this option, please indicate your plans here. This information helps with the development of the succession plan for your fund. You may check more than one box.

I do not plan to add additional assets to my fund through my estate.

I would like to talk to Community First Foundation about planning a gift from my estate to my fund.

I have arranged for a contribution to be made to my fund through my estate.

7

Motivation

What motivated you to establish this fund? Check all that apply.

Help us understand your vision for your charitable giving and why you decided to open a fund at Community First Foundation. Share your interests, values, beliefs, and goals and your philanthropic advisor will work with you to further explore your vision and how to create a meaningful experience.

- | | | |
|---------------------------------------|--------------------------------------|------------------|
| Benefit the community | Establish a planned gift | Give anonymously |
| Multiple generations in giving | Simplify my annual charitable giving | |
| Support the mission of the foundation | | |

Charitable Interests

What charitable areas interest you?

Animal welfare

Economic development

Mental health

Arts & culture

Health/wellness/nutrition

Parks & recreation

Childhood / family poverty

Social innovation/impact

Housing

Civil rights / social action

K-12 education

Human/social services

Environment

Early childhood education

Other fields of interest:

Do you have more you'd like to share?

Anonymity

You may choose to make grants anonymously on a case-by-case basis through the grant recommendation process. Or, you may choose complete anonymity for your fund. Please indicate your choice.

I wish to remain completely anonymous in publication of Community First Foundation (for example, annual reports, website, programs).

I wish to choose anonymity on a case-by-case grant basis.

10 Referral Information

We appreciate our friends and partners who make referrals to Community First Foundation. If you were referred to us please share their name(s) so that we may thank them.

- Professional advisor
- Current donor advised fundholder
- Family/friend
- Foundation employee
- Board member
- Other
- Name & email:

How did you hear about us?

- Reputation/word of mouth
- Website/online
- Social media
- News or other media
- Advertisement
- Colorado Gives
- Other

I/We acknowledge that this form is not a legally binding contract. Community First Foundation will use the information provided in this form, to draft a fund agreement between me/us and the Foundation.

We understand that the transfer of the property described above is an irrevocable contribution to Community First Foundation and is not refundable to me/us, and such contributions are intended to create a Donor Advised Fund Agreement under Section 4966(d)(2) of the Internal Revenue Code of 1986, as amended (the "Code"), and that nothing in this Donor Advised Fund Agreement shall affect the status of the Foundation as a component fund of Community First Foundation.

You did it! Please have donor(s) sign below and submit the application via DocuSign for execution.

Primary Donor #1 Signature

Primary Donor #2 Signature