

COMMUNITY FOUNDATIONS QUESTIONNAIRE

This questionnaire asks for information about your community foundation. Answer the questions based on the tax period indicated in the letter included with this questionnaire. If you need additional space, attach additional sheets. Please complete the questionnaire and follow the instructions in the letter for how to send it to us.

Demographics

1) Our records show that your organization is a community foundation.
Do you consider your organization to be a community foundation? Yes No

If no, what do you consider your organization to be? (Check one.)

- Private Foundation Social services organization
 Other (please describe) _____

2) What is the legal form of the organization? (Check one.)

- Trust Unincorporated association
 Master trust Other (please explain) _____
 Corporation

3) If your organization is a trust, is it aggregated into a single entity under regulation section 1.170A-9(e)(11)? Yes No

4) Is your area of service defined by geography? Yes No

a) If yes, what geographic area do you serve? _____

b) If no, how do you define the community you serve? _____

Revenue

5) Enter the organization's percentage of annual support in relation to the following sources:

- | | |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| a) Gifts, grants, and contributions _____% | e) Net income from unrelated business activities _____% |
| b) Membership fees _____% | f) Tax revenues levied for your benefit _____% |
| c) Investment income _____% | g) The value of services or facilities furnished to you by a governmental unit without charge _____% |
| d) Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities _____% | h) Other income _____% |

Assets

6) Enter the fair market value of the organization's total assets at the end of the year. \$ _____

7) Enter the amount of assets, including assets of component parts, and the number of accounts held in each of the following types of funds:

Type of Fund	Amount of Assets	Number of Accounts
Unrestricted Funds ¹		
Donor Advised Funds ²		
Designated Funds ³		
Other (please describe):		

¹These are assets with unrestricted use. You may make current grants of income or principal without the advice of a donor.

²These are segregated accounts where the donor retains the right to suggest the recipient of a charitable grant from income or principal.

³These are funds where the donor designates a recipient of grants of income or principal at the time of transfer.

8) Does the organization have component parts? Yes No

If yes, what percentage of the total value of its funds are component parts? _____%

Investments

9) List investments by type and the amounts invested within each type.

10) Do you receive investment advice from outside firms? Yes No
If yes, please list the name and address of those firms below:

Firm Name	Address

11) Can donors recommend that their account assets be invested in a particular investment firm or in a particular asset? Yes No
If yes, please describe your policy.

Grantmaking

12) Enter the number of grants made during the year. _____

13) Enter the total value of grants made during the year. \$ _____

14) Do you permit donors to recommend or offer advice as to charitable grant recipients? Yes No
If yes, describe your process and policy for soliciting, reviewing, and accepting or rejecting advice.

15) Do you permit donors to recommend or offer advice as to charitable grant projects? Yes No
If yes, describe your process and policy for soliciting, reviewing, and accepting or rejecting advice.

16) How many and what were the value of grants made based on donor advised recommendations during the year? _____ \$ _____

17) Enter the percentage of annual grants and the total value of annual grants made to charities that serve communities outside the community or geographic area you serve.

- a) Total annual grants _____%
- b) Total value of annual grants _____%

Relationships

18) Does any officer or member of your governing body have a business or family relationship with an individual, business, organization, or entity that your organization is involved with or does business with? Yes No

If yes, identify the individuals and describe the business or family relationship below:

Name of Governing Body Member	Individual, Business, Organization, or Entity with Which Relationship Exists	Description of Business or Family Relationship

19) Are any of your officers or board members related (business or family relationship) to one another? Yes No

If yes, enter the name and title of the individual(s) and describe the business or family relationship below:

Name	Title	Description of Business or Family Relationship

Fees

20) Are trustees or fund managers paid? Yes No If yes, enter total amount paid? \$ _____

21) Is there a state or local law governing fees imposed on your fund accounts? Yes No

a) If yes, please enter the type and amount of fees allowed by state or local law.

Type of Fee	Amount

b) If no, do you have an established fee schedule for fees paid by a fund? Yes No
If yes, please provide a copy of your fee schedule.

22) Does a fund pay fees apart from the fees paid to its trustee or fund manager? Yes No

If yes, check all fees below that apply and enter the amount paid during the year.

- | | | | |
|--------------------------------------------------|----------|----------------------------------------------------------------------------|----------|
| <input type="checkbox"/> Custodial fees | \$ _____ | <input type="checkbox"/> Up-front brokerage (or financial management) fees | \$ _____ |
| <input type="checkbox"/> Investment advisor fees | \$ _____ | <input type="checkbox"/> Trailing fees for sales | \$ _____ |
| <input type="checkbox"/> Distribution fees | \$ _____ | <input type="checkbox"/> Other (please explain) | \$ _____ |

23) Does a fund pay fees for investment advisory services to an entity that is independent of the financial institutions providing trust or custodial services? Yes No
 If yes, how much and to whom did you pay the fees during the year?

Name of Entity	Amount

Staff

24) What is the organization's total (paid) staffing? _____

25) Enter below the number of staff in each category:

Administration _____ Finance _____ Grantmaking _____ Fundraising _____

Other (please describe and enter the number) _____

26) Does any one person perform multiple tasks? Yes No

If yes, please explain the tasks performed by each of these staff members.

27) How many of your staff review donor advised recommendations for grants? _____

28) What background and qualifications do staff members who work with donors on advice and review of grant recommendations have?

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws.

The IRS may not conduct or sponsor, and an organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103 and 6104.