

Welcome to the Catholic Community Foundation of Minnesota (CCF). We're grateful to support your philanthropy through convenient charitable funds, faith-aligned investments, and grantmaking that supports the spiritual, educational, and social needs of our Catholic community.

Please return your completed application to Donor Operations Manager Lisa Haemmerle.

MAIL
Catholic Community Foundation
Attn: Lisa Haemmerle
Court West Suite 500
2610 University Avenue West
St. Paul, MN 55114

haemmerlel@ccf-mn.org

**FAX** 651-389-0650

Questions? Call us at 651-389-0300.

1. DONOR INFORMATION						
FOUNDING DONOR ADVISOR 1						
MR. MRS.	MS.	DR.	REV.	OTHER		
FIRST	FIRST MIDDLE INITIA					
MAILING ADDRESS						
CITY		STATE	ZIP			
HOME PHONE WORK PHON		ΙE	CELL PHONE			
Which is your preferred number?	CELL					
EMAIL ADDRESS*	DATE OF BIRTH					
PARISH						
COMMUNITY INVOLVEMENT (e.g., board and volunteer service, alma mater, organizations to which you belong)						
What is your preferred method of commu	inication?	PHONE	EMAI	 L		



FOUNDING DON	OR ADVISOR 2	(OPTI	ONAL)					
MR.	MRS.	MS.			DR.	REV.	OTHER	
FIRST MIDDLE INITIAL				LAST	LAST			
MAILING ADDRESS								
CITY				STATE		ZIP		
HOME PHONE		WOI	RK PHON	E		CELL PH	IONE	
EMAIL ADDRESS*						DATE O	FBIRTH	
RELATIONSHIP T	O DONOR 1							
PARISH								
COMMUNITY INVO	OLVEMENT (e.g	g., board	and volunt	teer serv	rice, alma m	ater, organiza	tions to which you belong)	
*Please note that an en	nail address is requ	ired to red	ceive fund-s <sub>l</sub>	pecific co	mmunication	15.		
2. COMMUNICA	TION PREFE	RFNC	: <b>c</b>					
	2. COMMUNICATION PREFERENCES							
How would you like to be addressed? (e.g., Mr. and Mrs. Jones, Susan and Bob Jones, etc.)								
Who should be liste	d as the primary	/ contac	t?					
							INDIVIDUAL JOINT	
*Please note that joint profiles will be created using the email address of the primary contact.								
Would you like to be	added to the CCI	email l	ist and rece	eive the	latest news	and updates?	** YES NO	
** Please note this communication is separate from fund-related updates.								
How did you hear about the Catholic Community Foundation of Minnesota?								
REFERRED BY:					WEB SE	ARCH	SOCIAL MEDIA	
MAGAZINE / N	NEWSPAPER				EVENT		PARISH	
PROFESSION	AL ADVISOR				RADIO		OTHER:	



#### 3. FUND OPTIONS

<b>What would you like to name your fund?</b> You have the pr (e.g., Jones Family Fund; Saint Gabriel Fund).	vilege of naming your	fund for yourself, your family, or a broad charitable purpose
When CCF mails your grants, checks are accompanied by recognizes our donors in our annual report, listing fund n your express consent.		
Can we include your name(s) and mailing address in th	e letters we send w	rith your grants?
YES. YOU MAY SHARE MY/OUR NAME(S) AND AD	DRESS.	NO. WE PREFER TO REMAIN ANONYMOUS.
Can we include your <u>fund name</u> in the letters we send your name is in your fund name, we will automatically exclude y		
YES. YOU MAY INCLUDE MY/OUR FUND NAME.	N	<b>10.</b> PLEASE DO NOT SHARE MY/OUR FUND NAME.
What type of fund would you like to establish? Visit www	v.ccf-mn.org/give to lea	arn more about each fund type.
\$10,000 minimum initial gift. You may direct grants of \$200 or more at any time to different ministries and charities.		\$50,000 minimum initial gift. A portion of your fund balance is distributed annually. You can recommend grants to different ministries and charities each year. Please complete the table under "Convert to Endowment" in Section 6 below.
\$10,000 minimum initial gift. You name a single qualifying charity to benefit from your fund. This cannot be changed after your fund agreement is signed. You may direct grants of \$200 or more to the designated beneficiary at any time. QCDs from IRAs can be made to this fund type.		\$50,000 minimum initial gift. A portion of your fund balance is distributed annually to beneficiaries that you predetermine. You may change beneficiaries through an amendment to your endowment fund agreement. Please complete the table under "Convert to Endowment" in Section 6 below.
How much do you anticipate your initial gift will be?	\$	
What asset(s) will constitute your initial gift? (e.g., cash/check, securities, etc.)		<del>-</del>

**01 Administrative fees** cover the costs to administer your fund. Fees are assessed quarterly on the monthly average balance of your fund.

**Donor Advised Fund or Donor Designated Fund** 

**Endowed Fund** 

\$250 or 1.0% annually

1.0% annually

Investment management fees are assessed separately and vary by investment pool. These fees fluctuate slightly depending on current holdings. The most recent investment management fees can be found in the footnotes of each pool's <u>quarterly</u> <u>performance reports</u>. Investment fees are not charged separately; rather, quarterly investment performance is reported net of fees.



#### 4. INVESTMENT POOL ALLOCATION (DAF/DDF ONLY)

**Please indicate how you would like to invest your fund assets.** CCF has built four investment strategies that we call "pools." These pools offer varying rates of risk and return. You can invest 100% of your fund in a single pool, or mix pool strategies. Funds invested in multiple pools are rebalanced each month back to their original investment allocations.

%	Short-Term Pool for Preservation	Designed to keep pace with Money Market funds and the 90-day treasury bill. It is best used to protect principal and preserve charitable capital.
%	Intermediate-Term Pool for Conservative Growth	This pool aims to minimize volatility and achieve 3% over inflation. It's best for those funds seeking to distribute substantial grants in the next 3–5 years.
%	Long-Term Pool for Balanced Growth	Highly diversified, this pool is designed to provide growth and income. It is specifically used for endowments and donors with a 7–10 year granting timeline.
%	Passive Pool for Growth	Holding approximately 80% in equities, this more volatile all-index pool may be ideally suited for donors that seek to build charitable capital over 10+ years.

NOTE: All endowment funds are fully invested in Long-Term Pool for Balanced Growth.

#### 5. ADDITIONAL ADVISORS AND SUCCESSOR ADVISORS (OPTIONAL)

MIDDLE INITIAL

You may name family or non-family persons as **additional advisors** to your fund. Additional advisors can view fund information, but they cannot recommend grants without express consent from the founding donors.

You may also select family or non-family persons to be **successor advisors** to your fund. Successor advisors take over upon the death or incapacity of the last founding donor advisor.

LAST

#### **ADVISOR 1**

**FIRST** 

MAILING ADDRESS						
CITY			STATE		ZIP	
PHONE	REL	RELATIONSHIP TO DONOR				
EMAIL ADDRESS*					DATE OF BIRTH	
This person shall be a successor	or adv	isor and take ov	er the fund	d upon the	death of the last founding advisor.	
ADVISOR 2						
FIRST MIDDLE INITI			TAL	LAST		
MAILING ADDRESS						
CITY			STATE		ZIP	
PHONE	REL	ELATIONSHIP TO DONOR				
EMAIL ADDRESS*				DATE OF BIRTH		
This person shall be a successo	or adv	isor and take ov	er the fund	d upon the	death of the last founding advisor.	



ADVISOR 3						
FIRST		MIDDLE INIT	IAL	LAST		
MAILING ADDRESS						
CITY		STATE		ZIP		
PHONE	REL	ATIONSHIP T	O DONO	R		
EMAIL ADDRESS*					DATE OF BIRTH	
This person shall be a success  * Please note that an email address is						ng advisor.
6. CREATE A LEGACY OF	GEN	EROSITY				
It's important for us to know your lon	ıg-term	plans and wishe	s for your fu	ınd so that w	ve can help carry out your p	hilanthropic legacy.
salt & light fund charities	or or su flast l like au & Ligh s in our ntributi	iving advisor, w ny remaining a t Fund of the Catl community and ion to this fund w	hichever c ssets to b nolic Comm address em ill help supp	e distribut unity Found ergent need port the urge	ed upon termination of lation strives to preserve th s as they become illuminat ent and unmet needs of our	f <b>your fund.</b> e good work of critical ed — today and tomorrow. Catholic community.
Please indicate the percentage yo		=		_	%	
<b>Distribute to designated cha</b> assets, or the named beneficiary						ermination of the fund.
Designated Organization						Proportionate Share of Annual Distributions
NAME: ADDRESS: RESTRICTION OR DESIGN	NATIO	N (IF ANY):				%
NAME: ADDRESS: RESTRICTION OR DESIGN	NATIO	N (IF ANY):				%
NAME: ADDRESS: RESTRICTION OR DESIGN	NATIO	N (IF ANY):				%

Section 6 continues on the next page.



Designated Endowment		Asset Allocation
NAME OF ENDOWMENT FUND:		%
NAME OF ENDOWMENT FUND:		%
NAME OF ENDOWMENT FUND:		%
nay be selected to receive an annual distributi	of \$50,000 or greater can be converted to an <b>endowmen</b> tion from the endowment, or the named beneficiary (DDF) o choose to include the Salt & Light Fund of the Catholic C	will receive an annual
NAME:		Of Allituat Distributions
ADDRESS:		%
RESTRICTION OR DESIGNATION (I	F ANY):	
NAME: ADDRESS:	0/	
RESTRICTION OR DESIGNATION (I	FANY):	%
NAME:		
ADDRESS:	%	
RESTRICTION OR DESIGNATION (I	FANY):	
NAME: ADDRESS:		%
RESTRICTION OR DESIGNATION (I	FANY):	
FINANCIAL ADVISOR(S) (OPTIO	NAL)	
cilitate your philanthropy with the greatest ea	ase and effect, it can be helpful for CCF to know your finan	cial advisor(s).
person is my: Estate Planner	Financial Planner / Wealth Manager	CPA / Accountant
1E		
1PANY		
NE	EMAIL	
person is my: Estate Planner	Financial Planner / Wealth Manager	CPA / Accountant
1E		
ADANIV.		
1PANY		
DNE	EMAIL	