

Donor-Advised Fund

A simplified, tax-savvy way to invest in your community.



Benefits



Simplicity.

PCF handles everything — paperwork, record keeping, gift acceptance, grantee due diligence, tax filing, and more.

Smart Giving.

EASY SETUP

Simple paperwork and quick turn-around.

TAX BENEFITS

Donations are deductible up to 60% of AGI for cash and 30% for stocks, mutual funds, and real estate.

TAX PLANNING

- > Reduce taxes by bunching donations in certain years, but give grants to charity over time.
- Avoid capital gains and receive a tax deduction by donating highly appreciated stock.
- ➤ Avoid paying taxes on unused required minimum distributions from an IRA by making qualified charitable distributions to PCF.

GENERATIONAL GIVING

➤ Involve your children, grandchildren, and other family members in your charitable giving and planning. Name your fund in honor of a loved one.

COMPLETE PRIVACY

➤ Give through PCF to remain anonymous to other charities at your choice.

TRUSTED EXPERTISE

➤ Use the knowledge and experience of PCF to help you learn about local issues, causes, and nonprofit organizations.

PERSONALIZED SERVICES

➤ PCF Staff lives, works, and engages across Pinellas County and is available by phone, email, or social media to provide customized services.

DONOR PORTAL

➤ Access an online portal 24/7 to view account balances and activity or make grant distribution requests.

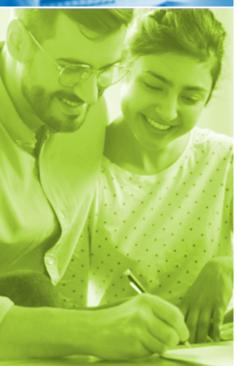
PINELLAS COMMUNITY FOUNDATION IS A 501(c)(3) NONPROFIT ORGANIZATION REGISTERED WITH THE STATE OF FLORIDA. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION FOR PINELLAS COMMUNITY FOUNDATION (CH3646) MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE 800-435-7352 OR VISITING WWW.FDACS.GOV. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.



Application Process

Establishing a PCF donor-advised fund is simple since the administrative details are managed for you.





GATHER YOUR INFORMATION

- 1. Determine the name of your donor-advised fund and the area(s) of impact you want the fund to support.
 - ➤ It can be the name of your family or business or established in honor of any person or organization you choose.
 - ➤ Grants are distributed in the name of your fund or anonymously based on your preference.
- 2. Choose an area or cause that is important to you.
 - ➤ Given the PCF Board and Staff's experience and connection to the community, you may choose to consult with PCF to determine the areas of greatest need.
- 3. Decide if you want fund advisors and successor advisors.
 - ➤ Fund Advisors make recommendations for all fund-related matters, including grants and investments. Fund Advisors can view fund statements and recommend grants through an online portal.
 - ➤ Successor Advisors make grant and investment recommendations for the Fund after the Fund Advisors are no longer able or willing to do so.
 - ➤ You can be the sole fund advisor, or you can designate others. Designating additional fund advisors is a great way to engage trusted family or friends in charitable giving plans.

COMPLETE THE APPLICATION

Submit the application online or make an appointment to fill out the application in person or over the phone.

➤ PCF does not request sensitive personal information, such as social security numbers or bank information, on the application.

FINALIZE THE PAPERWORK

- 1. PCF will contact you to confirm your fund details.
 - ➤ The expert staff will review your application, answer your questions, and review the fund agreement, donor-advised fund policies, and contribution details.
- 2. Make the initial contribution of at least \$5,000.
 - ➤ Checks, money orders, stock, real estate, or private business interest are all options for donations.
- 3. Sign a fund agreement.
 - > PCF uses the information from your application to create the fund agreement.
 - ➤ You can sign electronically and securely through DocuSign, sign in person at a PCF office (locations in Clearwater or St. Petersburg), or PCF can mail your fund agreement, which you can return at your convenience.

Application

If you prefer to complete your application online, visit **PinellasCF.org/DAF**.

Type or print clearly in black ink. All fields marked with an asterisk (*) are required.

1 YOUR FUND **Your Fund** Name your Fund as you like. You can include your name or remain anonymous. Examples: James Family Foundation, Pay It Forward Fund Name of Fund Area(s) of Impact 1 YOUR FUND 2 DONORS Donor(s) Donors are the people making the contribution to establish the donor-advised fund. **Primary Donor Information** Mr. Mrs. Ms. Dr. First Name* Middle Initial Last Name* Suffix Preferred Name or Nickname Date of Birth* Legal Address* City* State* ZIP Code* Home Work Mailing Address is the same as the Legal Address

Email Address*

Phone*

Home

Work

Cell

Application

Type or print clearly in black ink. All fields marked with an asterisk (*) are required. Complete online: PinellasCF.org/DAF

1 YOUR FUND	2 DONORS	3 ADVISORS	4 SUCCESSORS	5 CONTRIBUTIO	6 INVESTMENTS	7 PROFESSIONALS	8 REFERRAL	9 ADDITIONAL
Secondary D	Donor Inform	nation						
Mr.	Mrs.	Ms.	Dr.					
First Name*			Middle Ini	tial La	st Name*			Suffix
Preferred Name	e or Nickname			Da	te of Birth*			
Lagal Addraga	s the same as the I	Priman, Danar'a I	agal Addraga					
	s is the same as th			Mailing Ad	dress is the same as	s the Legal Address		
Phone* Ho	me Work	Cell		En	nail Address*			
1 YOUR FUND	2 DONORS	3 ADVISORS	4 SUCCESSORS	5 CONTRIBUTIO	N 6 INVESTMENTS	7 PROFESSIONALS	8 REFERRAL	9 ADDITIONAL
Fund A								

Fund Advisors make recommendations for all Fund-related matters, including grants and investments. Fund Advisors have online access to view fund statements and recommend grants. List additional Fund Advisors in Section 9.

The Donor(s) listed in the Section 2 will serve as the Fund Advisor(s).

Please indicate how you would like Fund Advisors to act when making recommendations for the Fund.*

Select One:

Independently By Majority By Unanimous Consent Please indicate how you would like to receive quarterly fund statements.*

Select One:

By Email By Mail



Application

Type or print clearly in black ink. All fields marked with an asterisk (*) are required. Complete online: PinellasCF.org/DAF

1 YOUR FUND 2 DONORS 3 ADVISORS If the Fund Advisor(s) is different from the Donor(s) named in Section 2, please provide their information here. **Fund Advisor Information** Mr. Mrs. Ms. Dr. First Name* Middle Initial Last Name* Suffix Preferred Name or Nickname Date of Birth* Mailing Address* Home Work City* State* ZIP Code* Email Address* Phone* Home Work Cell **Fund Advisor Information** Mr. Mrs. Ms. Dr. First Name* Middle Initial Last Name* Suffix Preferred Name or Nickname Date of Birth* Mailing Address* Home Work City* State* ZIP Code* Phone* Work Cell Email Address*

Additional Fund Advisor(s) is listed in Section 9.

Application

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1 YOUR FUND	2 DONORS	3 ADVI	SORS 4 SU	CCESSORS	5 CONTRIBU	JTION 6 INVESTMENTS	7 PROFESSIONALS	8 REFERRAL	9 ADDITIONAL			
Succe	ssor A	dvis	or(s)									
willing to do so.	You may list as	many or as	s few Success	or Advisor	rs as you lik	d after the Fund Advis e. List additional Succ	cessor Advisors in	n Section 9.				
Check he	Check here if you DO NOT want to name a Successor Advisor. We will contact you regarding your charitable intent for the Fund.											
Please indicate how you would like Successor Advisors to act when making recommendations for the Fund.*												
Select One: Independently By Majority					By Unanimous Consent							
Successor Advisor Information												
Mr.	Mrs.	Ms.	Dr.									
First Name*				Middle Ini	tial	Last Name*			Suffix			
Preferred Name or Nickname						Date of Birth*						
Mailing Addres	ss* Home	Work		(City*		;	State*	ZIP Code*			
Phone* Ho	ome Work	Cell				Email Address*						

Application

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1 YOUR FUND	2 DONORS	3 ADVISORS	4 SUCCESSORS	5 CONTRIBUTION	6 INVESTMENTS	7 PROFESSIONALS	8 REFERRAL	9 ADDITIONAL
Successor A	dvisor Inforn	nation						
Mr.	Mrs.	Ms.	Or.					
First Name*			Middle Ini	tial Last	Name*			Suffix
Preferred Name	e or Nickname			Date	of Birth*			
Mailing Address	s* Home	Work	(City*		S	tate*	ZIP Code*
Phone* Ho	me Work	Cell		Emai	l Address*			
Additional Successor Advisor(s) is listed in Section 9.								
1 YOUR FUND	2 DONORS	3 ADVISORS	4 SUCCESSORS	5 CONTRIBUTION	6 INVESTMENTS	7 PROFESSIONALS	8 REFERRAL	9 ADDITIONAL

Contribution Information

If you know how you plan to contribute, please provide details. If there are additional assets you plan to contribute to the Fund, please list in Section 9. If you plan to contribute an interest in a private business or real estate, please contact us to discuss the donation process. Minimal contribution to activate a fund is \$5,000.

Estimated Initial Contribution* (\$5,000 minimum)

Check — Payable to Pinellas Community Foundation

Wire — Financial Institution:

Securities or Mutual Funds:

Provide Number of Shares and Symbol(s)

Application

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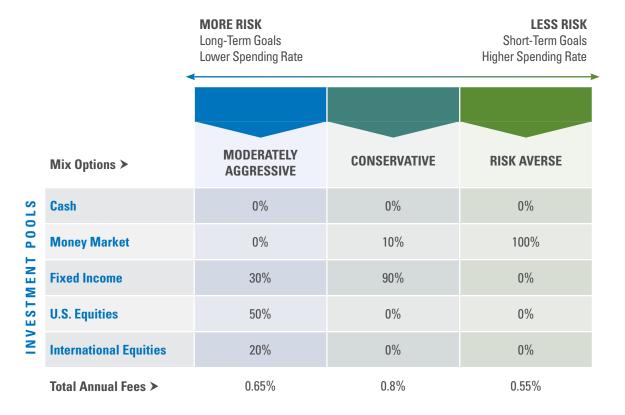
1 YOUR FUND 2 DONORS 3 ADVISORS 4 SUCCESSORS 5 CONTRIBUTION 6 INVESTMENTS 7 PROFESSIONALS 8 REFERRAL 9 ADDITIONAL

Investment Recommendation

Please select one of the following options for your Fund's investments.*

Option 1: The assets in the Fund will be invested in Pinellas Community Foundation's Investment Pools.

This option is available for funds of any size. Select from the options listed below. Please note, allocations are approximate targets and subject to change at the sole discretion of the Foundation.



Option 2: The Donor(s) plans to contribute at least \$1 million to establish this donor-advised fund and would like to discuss options with the Foundation for a customized asset allocation.

Application

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1 YOUR FUND 2 DONORS 3 ADVISORS 4 SUCCESSORS 5 COM	NTRIBUTION 6 INVESTMENTS 7 PROFESSIONALS	8 REFERRAL	9 ADDITIONAL
Professional Advisor(s) Please list additional professional advisors (accountants, attorneys, finar			
with whom the Foundation may share information about your Fund upon	inquiry.		
Professional Advisor Information			
Professional Advisor Name & Profession	Firm Name		
Phone Number	Email Address		
Professional Advisor Information			
Projessional Advisor Injormation			
Professional Advisor Name & Profession	Firm Name		
Phone Number	Email Address		
1 YOUR FUND 2 DONORS 3 ADVISORS 4 SUCCESSORS 5 CON	NTRIBUTION 6 INVESTMENTS 7 PROFESSIONALS	8 REFERRAL	9 ADDITIONAL
Referral			
Please list additional professional advisors (accountants, attorneys, finar with whom the Foundation may share information about your Fund upon			
Name	Organization Name		
Phone	Email Address		

If you did not receive a personal referral, please share how you heard about us:

Application

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1 YOUR FUND 2 DONORS 3 ADVISORS 4 SUCCESSORS 5 CONTRIBUTION 6 INVESTMENTS 7 PROFESSIONALS 8 REFERRAL 9 ADDITIONAL

Additional Information

Please include any additional information you would like us to know.

For more information about PCF Donor-Advised Funds, click on the links below:

Policies • Terms • Fees • Sample Fund Agreement



Next Steps

SUBMITTING THE APPLICATION

Be sure to submit your application. You have three options for submission:

- > Complete an online form and submit it securely through our website at PinellasCF.org/DAF.
- ➤ Complete the PDF form and send it to PCF via email by clicking the 'Submit' button on page 11.
- > Fill out the application in black ink and mail it to PCF:

Pinellas Community Foundation 17755 US Hwy 19, Suite 150 Clearwater, FL 33756

A NOTE ABOUT EMAILING THE APPLICATION FROM ADOBE ACROBAT

You may see a pop-up message "send email" that asks you to choose your "default email application" or "use webmail." If your email address is a gmail.com, yahoo.com, hotmail.com, aol.com, etc., choose "use webmail," then enter your preferred email address. You need to give Adobe permission to send emails from that account. Please call PCF if you are having a problem. Alternatively, you can save the application to your computer and email it to LDavis@PinellasCF.org.

AFTER SUBMITTING THE APPLICATION

Expect an email or phone call from Leigh Davis, PCF Director of Donor and Advisor Relations. She will confirm receipt of your application, and set up a welcome call or Zoom meeting. During the meeting, we will review your application, answer any questions, and go over the fund agreement, contribution details, and grant request process. This meeting will take 15-30 minutes.

THE FUND AGREEMENT

- > You can sign the fund agreement electronically and securely through DocuSign, in person at a PCF office with locations in Clearwater or St. Petersburg, or PCF can mail your fund agreement.
- > The fund agreement will be counter-signed and returned to you either electronically or by mail.

INITIAL CONTRIBUTION

- ➤ The minimal contribution to activate your fund is \$5,000.
- Checks, money orders, stocks, real estate, and private business interest are all options for contributions.
- Checks and money orders can be written to *Pinellas Community Foundation* and send to: Pinellas Community Foundation, 17755 US Hwy 19, Suite 150, Clearwater, FL 33756.
- If you choose stocks, real estate, or private business interest, you will receive instructions during the welcome call.

GRANT REQUESTS

Your fund is active and ready for granting to your favorite charities when the fund agreement is countersigned and the minimal contribution is processed.

PCF LOOKS FORWARD TO PARTNERING WITH YOU!

If you have any questions, please contact Leigh Davis at 727-306-3142 or LDavis@PinellasCF.org.

Note: Pinellas Community Foundation is committed to honoring physical and neurological diversities within our community. If you have preferred methods of communicating that differ from what is outlined above, please let us know.

