(Fund code) **Fund Name**

**FUND TYPE: Donor Advised FUND STATEMENT**

**SPENDING TYPE: Endowed (DATE) XX/XX/XXXX-XX/XX/XXXX**

**FUND ACTIVITY**

Beginning Balance $XXXXXXXX

Contributions *(if any given)* $XXXX

Investment Income $XXXX

Change in Market Value $XXXX

Grants *(if any made)* $XXXX

Support Fees $XXX

**Ending Balance as of X/XX/XXXX $XXXXXXXXX**



**GRANTMAKING SUMMARY**

Spendable balance this fiscal year $XXXX

Notes:

• Investment income is interest, dividends, and net gains from sale of securities.

• Grants may also include grants approved by the CCF Board to be paid after the date of this report.

• Expenses may also include items to be paid after the date of this report.

• Amount available for grantmaking for endowed funds is 4% of average balance over the previous 20 qtrs.

• Amount available for grantmaking for non-endowed funds is the ending fund balance.

• Amount available for grantmaking for partially-endowed funds is the ending fund balance less $10,000.

• No grants will be made from endowed or partially-endowed funds with a balance of less than $10,000.

• End balance may not equal the sum due to rounding.