

Request for Information from 509(a)(3) Supporting Organizations

*Type III Supporting Organizations that are not functionally integrated
are not eligible for grants from donor-advised fund.*

A. Legal Name of Organization: _____ Year Organized or Incorporated: _____ EIN _____

Other name the organization may be known as: _____

Address _____

Phone _____ Fax _____ E-Mail _____ Website _____

If the address for receiving charitable donations differs from the address at which services are provided,
indicate where grant checks are to be sent. _____

Chief Executive Officer: _____

Name and title of the person to whom grant
checks should be sent if other than the CEO: _____

Name of the supervisor of fund raising and development, to whom we can direct questions that may
arise about the information on this form: _____

B. Name and address of supported organization(s): _____

C. Include a copy of the most recent IRS letter that confirms your charitable tax status.

Check the box that applies: This organization is a Supporting Organization of

Type I _____ Type II _____ Type III Functionally Integrated _____

To determine your classification, review your governing instruments and Application for Tax-Exempt Status (Form 1023), filed with the Internal Revenue Service. Consultation with legal counsel may be necessary to determine your status. For help, call the IRS toll-free number, 877-829-5500.

Do not write in this space

Finance Approval: Name _____ Date _____ Final Approval: Name: _____ Date: _____

D. Attach an annotated list of board members of your organization (see item J, next page), *and a list of board members of each organization its supports.*

In lieu of items E and F, you may provided a reasoned, written opinion from your general counsel regarding the Type of supporting organization and its functional integration with the organization(s) it supports.

E. Required from all Supporting Organizations:

- Attach copies of your by-laws and governing documents.
- Include a letter signed by an officer, director, or trustee which affirms the Type of the supporting organization and names the organization(s) it supports. The letter must describe (1) the relationship with the supported organization *and* (2) the process for selecting officers and board members.

F. Required from Type III Supporting Organizations: *Note that Type III Supporting Organizations that are not functionally integrated are not eligible for grants from our donor-advised funds.*

Include a letter from each supported organization which states that the supporting organization is functionally integrated, as defined in the Pension Protection Act of 2006 (also known as H.R. 4). The letter should describe the function of the supporting organization and affirm that, but for the involvement of the supporting organization, the supported organization normally would engage in those activities itself.

G. Required from Type I and Type III Supporting Organizations:

Check one of the following: This organization has _____ has not _____ accepted a gift from a person who directly or indirectly controls the supported organization(s).

H. Required from all Supporting Organizations:

Check one of the following: This organization does _____ does not _____ support an organization that is based outside the United States.

Required Signature:

I certify that the information provided is true to the best of my knowledge.

Signature of Board Member or Officer

Title

Date

Type or print the name of the signatory _____

Complete this form, sign, and return with the attachments listed on page 3 (I through K)

THESE ATTACHMENTS ARE REQUIRED OF ALL PUBLIC CHARITIES

Read our Guidelines for Grantees for more information

I. Summarize your organization's purposes and programs. Estimate how many people benefit from or participate in its work each year. You may replace or supplement this statement with a brochure or annual report.

J. Board of Directors: On the list of the members of the governing board of your organization,

- Put an (E) next to the names of the members of the Executive Committee, if applicable.
- Put a (P) next to the names of Board members who are paid members of the staff.
- In the preceding 12 months, how many Board meetings were held? _____
- On average, how many members participated? _____

If you answer yes to any of the following questions, explain why your organization differs from our Guidelines for Grantees (attached).

1. Are there two or more paid staff members who are voting members of the board?
yes _____ no _____
2. Are any of the organization's officers, board members, or highly compensated employees related to each other? yes _____ no _____
3. Is any officer, board member, or highly compensated employee related to officers or employees of independent fundraisers under contract to the organization?
yes _____ no _____

K. Financial statement(s):

- Include a complete copy of the most recent form 990, with all schedules and attachments, or a complete audited financial statement, including accountants' opinion and notes.
- If annual income is less than \$25,000, send an income statement, balance sheet, and annual budget in lieu of tax return or audit.
- **If your organization is new**, submit a complete copy of form 1023 [the 501(c)(3) application] in lieu of a tax return or audit.
- Charities that regrant donations to other charities or to individuals must provide additional information, explained in our Guidelines for Grantees.

Thank you
The New York Community Trust
Donor Services Department
909 Third Avenue, 22nd Floor
New York, NY 10022
212-686-0010, ext. 353
E-mail: mmm@nycf-cfi.org