

## NON-LIQUID ASSET DONATION FORM

Please provide the following background information to New Hope Christian Community Foundation (NHCCF) to enable us to accept your non-liquid asset donation. Answer all applicable sections (indicate N/A otherwise), and an NHCCF representative will contact you.

### 1 DONOR CONTACT INFORMATION

#### DONOR

Mr./Mrs. First Name    Initial    Last Name    Suffix

Date of Birth                      Social Security # / Tax ID #

Address: Including P.O. Box, street address, suite or apartment #

City                                      State                                      Zip

Home Ph.                      Business/Cell                      Fax

Email Address

#### Preferred Method of Contact (Circle One)

Email    Home Ph.    Bus. Ph.    Mail    Cell

Does Donor already have an NHCCF Giving Fund?     Yes     No

Personal Federal Tax Rate: \_\_\_\_\_%    State Tax Rate: \_\_\_\_\_%

Would the Donor like us to contact his/her professional advisor\* in this evaluation? If so, please circle one and provide the appropriate contact information:

CPA    Legal    Financial    Other \_\_\_\_\_

#### SECONDARY CONTACT

Mr./Mrs. First Name    Initial    Last Name    Suffix

Relationship to Donor

Date of Birth                      Social Security # / Tax ID #

Address: Including P.O. Box, street address, suite or apartment #

City                                      State                                      Zip

Home Ph.                      Business/Cell                      Email

#### Preferred Method of Contact (Circle One)

Email    Home Ph.    Bus. Ph.    Mail    Cell

\*NHCCF recommends that all Donors of non-liquid gifts seek and obtain their own independent tax and legal counsel.

## 2 ASSET INFORMATION

If applicable, full legal name of asset and all D/B/As: \_\_\_\_\_

**Asset Type (circle applicable type):**

Real Estate                      Limited Liability Company                      Sub Chapter S Stock                      C Corporation Stock  
Limited Partnership                      General Partnership                      Personal Property                      Other: \_\_\_\_\_

Nature of asset's underlying business operations: \_\_\_\_\_

If asset is a holding company (owning one or more companies), please include full legal names and all D/B/As of underlying companies, as well as the nature of their underlying business operations:

Estimated value of Donor's total ownership: \$ \_\_\_\_\_ How is this value derived? \_\_\_\_\_

How long has Donor owned the asset? \_\_\_\_\_ Donor's cost basis: \$ \_\_\_\_\_

How did Donor acquire the asset? \_\_\_\_\_

What percentage and quantity of the asset does Donor desire to gift? \_\_\_\_\_

Are there any potential buyers?  Yes  No Describe: \_\_\_\_\_

Is there a current binding obligation to sell this asset?  Yes  No

*Assets with debt can create additional tax obligations as a Donor makes the contribution. The following questions are asked to help us aid the Donor in evaluating the effect of the gift for the Donor and the Giving Fund.*

Are there currently any mortgages or other obligations attached to the asset?  Yes  No

If yes, indicate the amount and age of the debt: \$ \_\_\_\_\_

If gifting corporate business interests, please provide the name and contact information for the CFO or CPA for the business entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3 CHARITABLE GOALS AND TIME CONSTRAINTS

What are the Donor's charitable goals with this gift? \_\_\_\_\_

Is there a deadline for completing this gift that we should know about?  Yes  No *If yes, deadline date:* \_\_\_\_\_

### 4 NEXT STEPS

#### *Documents to include with the Asset Donation Form*

The following are the basic asset documents needed by NHCCF to commence the due diligence process listed in order of priority. Please send the requested documents to us along with your completed Asset Donation Form.

#### **For Intangible Property (e.g. Closely Held Stock [including S Corp] and LLC, LP or GP interests), attach copies of the following items:**

- Shareholders, Operating or Partnership Agreement and all Amendments
- Most current Financial Statement (plus last audited, if applicable), i.e., balance sheet and income/expense statements
- Articles of Incorporation / Organization / Formation and all Amendments
- Current Bylaws
- Listing of all shareholders / members / partners and their respective numbers of shares / percentage of interest
- Historical distributions / earnings report (e.g., most recent Schedule K-1)
- Current valuation, if available

#### **For Real Property, attach copies of the following items:**

- Deed Transferring Title to asset owner
- Most current tax bill, and any tax assessment notice issued thereafter
- All environmental reports and other environmental information relating to the property (If none, please indicate.)
- All written agreements associated with the property (e.g., leases, management agreements, option agreements, service contracts extending beyond six months of anticipated gift date, etc.)
- Declarations / Coverage page of current Insurance Policy
- Current Appraisal, if available
- Title Insurance Policy, if available
- Summary of terms of any oral agreements or understandings associated with the property

## 5 HOW DID YOU HEAR ABOUT US?

Please tell us how you heard about NHCCF (please list specific names and/or organizations).

- C Donor Referral: \_\_\_\_\_
- C Ministry/church leader: \_\_\_\_\_
- C Financial professional: \_\_\_\_\_
- C Legal professional: \_\_\_\_\_
- C NHCCF website/search engine: \_\_\_\_\_
- C Web/Marketing: \_\_\_\_\_
- C Event (e.g. Young Life, Generous Giving, The Gathering, etc.): \_\_\_\_\_
- C Other: \_\_\_\_\_

## 6 SIGNATURES

_____	_____
Donor Advisor Signature (Required)	Date
_____	_____
Additional Donor Advisor Signature	Date
New Hope Christian Community Foundation	
_____	_____
By	Date
_____	_____
Name & Title	Effective Date

### For Internal Purposes ONLY (NHCCF Administration)

1. RM: \_\_\_\_\_
2. Affiliate Office Name: \_\_\_\_\_
3. Origination Source: \_\_\_\_\_
4. Signature of RM: \_\_\_\_\_