



NON-LIQUID ASSET DONATION FORM

Please provide the following background information to The Christian Resource Foundation (TCRF) to enable us to accept your non-liquid asset donation. Answer all applicable sections (indicate N/A otherwise), and an TCRF 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 TCRF 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

*TCRF 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 TCRF 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 TCRF (please list specific names and/or organizations).

- C Donor Referral: _____
- C Ministry/church leader: _____
- C Financial professional: _____
- C Legal professional: _____
- C TCRF 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

The Christian Resource Foundation

By

Date

Name & Title

Effective Date

For Internal Purposes ONLY (TCRF Administration)

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