

## ASSET DONATION FORM

Please provide the following background information to the National Christian Foundation (NCF) to enable us to accept your asset donation. Answer all applicable sections (indicate N/A otherwise).

| GIVER CONTAC                            | CT INFORMATION         | N                      |   |                       |                       |
|---|------------------------|------------------------|---|-----------------------|-----------------------|
| Giver                                   |                        |                        | Spouse, if giving jointly                 |                       |                       |
| Mr./Mrs. First Nam                      | ne Initial Last Na     | ame Suffix             | Mr./Mrs. First Nar                        | ne Initial Last       | Name Suffix           |
| Date of Birth                           |                        |                        | Date of Birth                             |                       |                       |
| Address                                 |                        | County                 | Address: Including                        | P.O. Box, street ad   | dress, suite or apt # |
| City                                    | State                  | Zip                    | City                                      | State                 | Zip                   |
| Phone: Home                             | Business               | Cell                   | Phone: Home                               | Business              | Cell                  |
| Email Address                           |                        |                        | Email Address                             |                       |                       |
| Preferred Contact (                     | Circle all that apply) |                        | Preferred Contact (Circle all that apply) |                       |                       |
| Email Home                              | e Ph. Busines          | s Phone Cell           | Email Hom                                 | e Ph. Busin           | ess Phone Cell        |
| Personal Federal Ta                     | x Rate:                | % State Tax Rate: _    | %   |                       |                       |
| Would the Giver lik appropriate contact |                        | er professional adviso | r* in this evaluation? I                  | f so, please circle o | ne and provide the    |
| CPA Legal                               | Financial Othe         | er                     |   |                       |                       |
|   |                        |                        |   |                       |                       |
|   |                        |                        |   |                       |                       |

| ASSET INFORMATION   |   |                             |   |  |  |  |  |
|---|---|-----------------------------|---|--|--|--|--|
| Full legal name of asset  | owner:  |                             |   |  |  |  |  |
| If applicable, full legal r   | name of asset and all D/B/As:                                       |                             |   |  |  |  |  |
| Asset Type (circle applic   | cable type):  |                             |   |  |  |  |  |
| Real Estate   | Limited Liability Company   | Sub Chapter S Stock         | C Corporation Stock                                     |  |  |  |  |
| Limited Partnership   | General Partnership   | Personal Property           | Other:  |  |  |  |  |
| Nature of asset's underl  | ying business operations:   |                             |   |  |  |  |  |
| underlying companies,   | as well as the nature of their ur                                   | nderlying business operatio | II legal names and all D/B/As of<br>ns:                 |  |  |  |  |
|   |   |                             |   |  |  |  |  |
|   |   |                             | this value derived?                                     |  |  |  |  |
| What percentage and c   | uantity of the asset does Giver                                     | desire to gift?             |   |  |  |  |  |
| How long has Giver ow   | ned the asset?  |                             | Giver's cost basis: \$                                  |  |  |  |  |
| How did Giver acquire   | the asset?  |                             |   |  |  |  |  |
| Is there a deadline for c   | completing this gift that we sho                                    | uld know about?             | No If yes, deadline date:                               |  |  |  |  |
| Are there any potential   | buyers?   | Describe:                   |   |  |  |  |  |
| Is there a current bindir   | ng obligation to sell this asset?                                   | Yes No                      |   |  |  |  |  |
|   | eate additional tax obligations<br>e Giver in evaluating the effect |                             | ibution. The following questions are d the Giving Fund. |  |  |  |  |
| Are there currently any mortgages or other obligations attached to the asset? |   |                             |   |  |  |  |  |
| If yes, indicate the amo  | unt and age of the debt: \$   |                             |   |  |  |  |  |
| If gifting corporate busi<br>business entity:                                 | ness interests, please provide t                                    | he name and contact infor   | mation for the CFO or CPA for the                       |  |  |  |  |
|   |   |                             |   |  |  |  |  |
|   |   |                             |   |  |  |  |  |
|   |   |                             |   |  |  |  |  |

| CHARITABLE GOALS  |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Does giver have an NCF Giving Fund? Yes No  |   |  |  |  |  |  |  |
| If yes; Fund number: 1790585 Fund name: TVNext  |   |  |  |  |  |  |  |
| NEXT STEPS  |   |  |  |  |  |  |  |
| Documents to include with the Asset Donation Form.  |   |  |  |  |  |  |  |
| DEAL ESTATE   |   |  |  |  |  |  |  |
| REAL ESTATE  ☐ Deed and legal description (if held by Trust or business entity, additional documentation required)  |   |  |  |  |  |  |  |
| ☐ Home Owners Association Covenants, Conditions & Restrictions  |   |  |  |  |  |  |  |
| ☐ Home Owners Association fees  |   |  |  |  |  |  |  |
| ☐ Title Insurance Report  |   |  |  |  |  |  |  |
| ☐ Most recent property tax bill(s)  |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Property & Casualty Insurance policy  |   |  |  |  |  |  |  |
| ☐ Lease Agreement(s) - if applicable  |   |  |  |  |  |  |  |
| ☐ Valuation/Appraisal (if available) or realtor's comp's  NOTE: Phase I Environmental Site Assessment required for all commercial and agricultural properties, as well any real estate exceeding 5 acres. |   |  |  |  |  |  |  |
| NOTE: Phase I Environmental Site Assessment required for all comm   | nercial and agricultural properties, as well any real estate exceeding 5 acres. |  |  |  |  |  |  |
| CORPORATION (S or C Corporation)  |   |  |  |  |  |  |  |
| ☐ Articles of Incorporation   | ☐ Most recent corporate financial statement                                     |  |  |  |  |  |  |
| □ Bylaws  | ☐ Most recent Federal tax return  |  |  |  |  |  |  |
| ☐ List of shareholders & # of shares owned by each  | ☐ Form 1120S and K-1 for S-Corporations   |  |  |  |  |  |  |
| ☐ Valuation/Appraisal (if available)  | ☐ Form 1120 for C-Corporations  |  |  |  |  |  |  |
| ☐ Shareholder agreement and any amendments  |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| LIMITED PARTNERSHIP   | LIMITED LIABILITY COMPANY   |  |  |  |  |  |  |
| ☐ Certificate of LP Formation   | ☐ Articles of Organization  |  |  |  |  |  |  |
| ☐ Partnership Agreement with any Amendments   | $\square$ Operating Agreement with any Amendments                               |  |  |  |  |  |  |
| $\square$ List of members and units or % owned by each  | $\square$ List of members and units or % owned by each                          |  |  |  |  |  |  |
| ☐ Valuation/Appraisal (if available)  | $\square$ Valuation/Appraisal (if available)                                    |  |  |  |  |  |  |
| ☐ Most recent financial statement   | ☐ Most recent financial statement   |  |  |  |  |  |  |
| ☐ Most recent Federal tax return (Form 1065 and K-1)  | ☐ Most recent Federal tax return (Form 1065 and K-1)                            |  |  |  |  |  |  |

Please send this document by email or fax to the contact information below: