

Name of organization _____

Employer identification number _____

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	\$ / .. /
_____	\$ / .. /
_____	\$ / .. /
_____	\$ / .. /
_____	\$ / .. /
_____	\$ / .. /
_____	\$ / .. /
_____	\$ / .. /