Dear HBA Sponsor,

As a 501(c)(6) not for profit organization under the IRS federal tax code, our organization must record the fair market value of the “in kind” donations we receive where no cash is exchanged for products, goods or services. To assist us with proper accounting for your generous support, please complete and return the attached In Kind Contribution form.

**Guidance on completing the contribution form:**

**How do you value in-kind services?**

*Fair Market Value:*

What you would normally charge for the service, or what it would cost if you were to purchase it.

* Consider what it would cost to obtain similar goods or services
* Value of donation should be assigned by the donor (not HBA as the recipient)

*Actual Value: Used when you have receipts*

* Provided food for a meeting
* Donated the printing of brochures
* Donated supplies for a workshop

Once completed, please sign the receipt and return it to me at the address shown.

Please be advised that In-Kind donations to HBA as a 501(c)(6) not for profit organization are deductible by donors as business expenses for federal income tax purposes but not as charitable donations. Our tax ID is noted on the contribution form for your reference.

Thank you for your generous donation in support of our organization. Feel free to call me if you have any questions at xxxxx or email me at xxxxxxxx.

Very Best Regards,

xxxx

Federal Identification # 13-3579800

**HBA In-Kind Receipt**

Receipt Date: *Date*

Donor Contact Info: *Sponsor name*

 *Address*

 *City, State, Zip Code*

Event Date:

Event Name:

|  |  |  |
| --- | --- | --- |
| **Sponsor name** | **Description of donation** | **Value** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total:** |  |

|  |
| --- |
| *\*In accordance with IRS regulations, it is the responsibility of the sponsor to establish the fair market value of gifts-in-kind.* |

Sponsor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Treasurer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your support, the HBA appreciates your contribution to the event listed above. Please keep this receipt as it reflects the value of your contribution and you may need it for your records.

**Regional Treasurer, please email completed form to:** hbachptrinvoices@hbanet.org