

Yampa Valley Medical Center Foundation 1100 Central Park Dr. PO Box 883415 Steamboat Springs, CO 80488

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Yvmcf.org

MAKE A DONATION & RECEIVE A GENEROUS ENTERPRISE ZONE TAX CREDIT

Yampa Valley Medical Center Foundation has been designated by the State of Colorado as an Enterprise Zone which encourages economic growth in Routt County.

WHAT YOU NEED TO KNOW

- A qualifying gift is defined as an outright gift (unrelated to a special event) of at least \$250 to the Yampa Valley Medical Center Foundation that is designated to the Enterprise Zone program for the Yampa Valley Medical Center.
- A donor, having made a qualified contribution to YVMCF, may claim up to 25% of a cash donation as a Colorado income tax credit, and 12.5% for appreciated assets such as stocks and securities.
- As an organization, YVMCF can accept, in aggregate, up to \$3 million annually in qualifying gifts that are eligible to receive a tax credit. Gifts that are received that exceed this limit cannot qualify for the credit. In the event that the Foundation does receive more that \$3 million in qualifying gifts in a single year, the available tax credits will be granted to the donors in the order in which they were received.
- The amount of credit taken in one year cannot exceed the donor's state tax liability. However, excess credit may be carried forward for up to five years.
- The maximum credit a donor can claim through this program per tax year is \$100,000.
- Donations received from a Donor Advised Fund are not eligible for an Enterprise Zone Tax credit.
- To submit a donation for the Enterprise Zone qualification, it will require the last 4 digits of your social security number. Please complete the section below or contact the YVMC Foundation directly to provide this information. Upon approval by the EZ program administrator, you will receive a certificate that you will need to submit with your Colorado income tax return to receive your credit.

YES! I would like my donation to qualify for the Enterprise Zone tax credit.

Name(or Business)______Address_______

City ______State _____Zip______

Last 4 digits of SS# or EIN (required)_____Email____Phone_______

*The information represented is of a general nature and should not be construed as legal or accounting advice. Every taxpayer's situation is different. Please consult a tax advisor prior to taking any action based on this information.