



*Morris County Hospital Foundation*  
600 N Washington  
Council Grove, KS 66846  
(620)-767-6811  
Fax (620) 767-5611

---

2019 and 2020

The Morris County Hospital Foundation (MCHF), Council Grove, KS, has been awarded \$130,803 in tax credits through the Kansas Community Service Program. The award to MCHF will assist in the Restoration and Reopening of the Alta Vista and White City Clinics Project. The Tax Credits are available for the tax years of 2019 (July 1<sup>st</sup> – Dec. 31<sup>st</sup>) and 2020. Contributions made to the Morris County Hospital Foundation of \$250.00 or more qualifies a Kansas Tax payer for a 70% credit on your State Income Tax. Tax credits may be used for personal, business and privileged tax credits.

**A Copy of Pledge Form** - If you wish to pledge to make a contribution fill out the Pledge Form and return it to the MCHF office.

**Tax Credit Application for Contributions Form** -- fill out the contribution form when you are ready to make your contribution. As requested by the Commerce Department, please make your contribution by December 15, 2019 or December 15, 2020 (for the year or years you are making the contribution) to the Morris County Hospital Foundation in order to give the Commerce Department time to process the paper work before December 31<sup>st</sup>.

**For LLC's, S-Corp, Sole Proprietorship**- You no longer have a Kansas Income Tax Liability. You will in turn be able to claim the K-60 credit on your tax return. As this credit is refundable, you would receive the entire value or the credit as a refund from the State Department of Revenue.

We advise any tax credit donor to seek advice from your personal tax accountant, financial planner or CPA. Our office will be more than happy to assist tax credit donors through this process.

If you know of individuals or business owners who would like to participate in this program it is important for them to understand it is common for organizations to “sell out” of their tax credits. Therefore, it is vital for new tax credit donors (businesses/individuals) to make their 2019 amounts known to the Morris County Hospital Foundation as soon as possible. The greater portion of credits sell out the first year. In all fairness to new participants, we are awarding tax credits on a first-come, first-served basis. Pledge forms that are completed, signed and received in the MCHF office are considered reserved for the amount and to the individual/business as identified on the pledge form. If you are talking about this program to other people, please have them contact me for more information and forms at 620-767-6811, ext 148.

The Foundation Board believes it is important to contact persons/companies to get the word out so you can use the Tax Credits. This is a great way to receive credit for your contributions helping the hospital to help with the Restoration and Reopening of the Alta Vista and White City Clinics Project and providing rural health care for the County and the surrounding areas. This program assists and benefits many: the organization receiving, the donor giving, and the citizens in the county receiving

quality health care without having to travel a great distance.

**A suggestion/reminder: to use IRA's Minimal Distribution is a way to save on paying taxes. using a direct contribution from fund to the Foundation.**

**Contact Information**

Morris County Hospital Foundation  
Caroline VonFeldt, Executive Director  
600 N. Washington Street  
Council Grove, KS 66846  
620-676-6811, ext. 148  
cvonfeldt@mrcohosp.com

Sincerely,

Caroline VonFeldt, Exc. Director  
Morris County Hospital Foundation



Morris County Hospital Foundation
600 N Washington
Council Grove, KS 66846
(620) 767-6811
Fax (620) 767-5611

Date: \_\_\_\_\_

I understand that Morris County Hospital Foundation has received Community Service Tax Credit grant through the Community Development division of the Kansas Department of Commerce in the amount of \$130,803.00 for the Restoration and re-opening of the Alta Vista and White City Medical Clinics

Morris County Hospital Foundation received this grant, I would like to make a donation,

\_\_\_\_\_ between July 1st, and December 31, 2019 and/or

\_\_\_\_\_ between January 1st and December 31, 2020 with a total donation of

\_\_\_\_\_. These cash donations will be used as Kansas Income Tax Credit, during their respected tax year available with Morris County Hospital Foundation, Restoration and re-opening of the Alta Vista and White City Medical Clinics

Name: \_\_\_\_\_
(printed)

Signature: \_\_\_\_\_

Received By: \_\_\_\_\_ Date \_\_\_\_\_

Morris County Hospital Foundation
Caroline VonFeldt, Exc. Dir.
600 N Washington
Council Grove, KS 66846
cvonfeldt@mrcohosp.com
620-767-6811, ext 148



**TAX CREDIT APPLICATION FOR CONTRIBUTIONS**

**BUSINESS/INDIVIDUAL ELIGIBILITY:** (please check one)  Business  Individual  Foundation

Name(s): \_\_\_\_\_ Name(s): \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_  
Federal Employer Identification # \_\_\_\_\_ - \_\_\_\_\_ (Businesses/Foundations Only)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Taxes Paid By:  Calendar Year  Fiscal Year from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Check the tax intended to use this credit against:  Corporate Income Tax  Individual Income Tax  Fiduciary Income Tax  
 Privilege Tax  Gross Premium Tax  Transfer of Tax Credit

*\* If the donation is made by a Small Business Corporation (S Corp.) that is filing Kansas Tax Form K-120S, a complete list of shareholders, their social security numbers, and percent of ownership for each shareholder must be attached.*  
*\*If the donation is made by a partnership or limited liability corporation (LLC) that is filing Kansas Tax Form K-65, a complete list of partners, their social security numbers, and the ownership percentage of each partner must be attached.*  
*\*Name(s), address, SSN(s), and FEIN (if applicable) must be fully complete and the same as donor's tax payer information. Incomplete or inaccurate information may result in rejection of a submitted tax credit when taxes are filed. Only the name(s) listed above may claim the credit.*

**DESCRIPTION OF CONTRIBUTION / STATEMENT OF RECEIPT:** (completed by receiving organization)

Project Name or Organization: Morris County Hospital Foundation  
Total amount of contribution (s) \$ \_\_\_\_\_ Date of contribution: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Contributions must be \$250 or more.*  
*If there are multiple contributions, please attach a schedule of amounts and the dates of each donation.*

Copies Attached:  Check(s) / Endorsements  Credit Card Receipt  Title policy/deed & two appraisals  
 Payroll deduction record  Invoice  Documentation of transfer (stocks & bonds)

I have examined this application and all attachments and believe it to be an accurate description of the value of the contribution received by our organization for the purpose of carrying out the Community Service Program.

\_\_\_\_\_  
Printed Name of Project Director      Signature of Project Director      / /      Date      -      Project #