# **Endow Iowa Tax Credit Application Instructions**

On the following page, complete the appropriate column as indicated below, then **print**, **sign**, and **return via mail** to:

Omaha Community Foundation Attn: Stacey Goodman 101 S 101st Street, Suite 320 Omaha, NE 68124

### For gifts from Individuals:

Please complete the left-hand column titled Donor Individual(s) Information.

### For gifts from Corporate Entities:

Please complete the center column titled *Donor Company Information*.

The Community Foundation staff will complete all *Donation, Fund, and Foundation Information* upon receipt of your contribution and its placement into the permanent endowment fund. Finalized applications will then be submitted into IowaGrants.gov by Community Foundation staff for further processing by the Iowa Economic Development Authority.

#### **Questions?**

Contact Stacey Goodman (<u>stacey@omahafoundation.org</u>) or Tess Houser (<u>tess@omahafoundation.org</u>) at 800-794-3458.

## **Endow Iowa Tax Credit Application**

#### **Eligibility Requirements**

To be eligible for an Endow Iowa Tax Credit, a gift must be:

- 1. Made to an Endow Iowa Qualified Community Foundation or to a Community Affiliate Organization that is affiliated with an Endow Iowa Qualified Foundation.
- 2. Placed in a permanent Endowment Fund of the qualifying organization. Such funds are intended to exist in perpetuity, and the spend rate from the fund may not exceed 5% annually.
- 3. Placed in a permanent Endowment Fund that is for the benefit of a charitable cause or causes in the State of Iowa.

Donor Individual(s) Information	Donor Company Information	Donation, Fund, and Foundation Information
☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Donor 1 Salutation	Company Name	Amount of the charitable gift: \$
Donor 1 Name	Company Federal ID Number	Date the gift was made:
Donor 1 Social Security Number	Company Email Address	Date the gift was placed in a permanent Endowment Fund:
Donor 1 Email Address	Address	Name of the Permanent Endowment Fund in which the gift was placed:
☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Donor 2 Salutation (if applicable)	City, State, Zip	
Donor 2 Name (if applicable)	Telephone Number	(Attach a copy of the fund agreement with this application or a board resolution/affidavit certifying compliance with applicable Endow lowa
Donor 2 Social Security Number	I hereby certify that the facts and figures presented in this application are true and correct.	requirements.)  Omaha Community Foundation
Donor 2 Email Address		Community Foundation Name Stacey Goodman
Address	Signature of Company Official	Community Foundation Contact  1120 S 101st Street, Suite 320
City, State, Zip	Date	Address Omaha, NE 68124
Telephone Number		City, State, Zip 402-342-3458
I hereby certify that the facts and figures presented in this application are true and		Telephone Number stacey@omahafoundation.org
correct.		E-mail Address
Signature of Donor 1		If this gift was made to a Community Affiliate Organization, please provide the name of that
Signature of Donor 2 (if applicable)		Community Affiliate:
Date  Community Foundation Certifications:		
I hereby certify: That the Foundation listed above is an Endow lowa Qualified Community Foundation; that the donation listed above is being made to a Permanent Endowment Fund which meets the requirement of an annual spend rate of 5% of less, and which will be used for the benefit of a charitable cause or causes in lowa; and, that the facts and figures presented in this application are true and correct.		
I agree to provide access to records relating to this application to the Iowa Economic Development Authority (IEDA), or IEDA's designee, at any time upon IEDA's request.		
Signature of Foundation President/CEO (or designee)		
Printed Name of Signer		
Date		
Completed Applications should be mailed to:		
Omaha Community Foundation Attn: Stacey Goodman 1120 S 101st Street, Suite 320 Omaha, NE 68124		
(Finalized application should be entered into lowaGrants and the paper copy retained by the Community Foundation)		

IEDA (Ver. 12/19)