



The Torch Relay for Children's Miracle Network Hospitals In-Kind Donations

In-kind donations are those donations that are given in goods and services rather than money.

In-kind donations are tax deductible under the following guidelines:

- ⇒ No personal gain/advantage was received in making the donation
- ⇒ The donation is a direct offset of expenses and contributes to the mission/goals of The Torch Relay for CMN Hospitals
- ⇒ A fair market value can be established based on the cost of the goods or services
- ⇒ The donation is acknowledged and an acknowledgement letter is provided by The Torch Relay for CMN Hospitals.
- ⇒ Donors should consult IRS Publication 526 for additional details on tax deductible donations

A few examples of tax deductible donations:

- A. Hotel rooms for the Relay staff. The cost of the room at the best available rate is tax deductible. This includes applicable discounts such as AAA, military, associate, etc.
- B. Printing or graphic production. The hourly rate or cost of the printing is tax deductible.
- C. Office space is tax deductible at the current lease rate.
- D. Food is tax deductible at the donors cost depending on whether it is purchased retail or wholesale from a distributor. The actual cost is deductible.

A few examples of non-tax deductible donations:

- A. Items that in no way help achieve the goals of The Torch Relay for CMN Hospitals. While some items may initially be considered unnecessary, if they can be used to generate additional income (that can be documented), they may be considered tax-deductible.
- B. Promotional products/items distributed with the exclusive purpose of promoting a specific product or company.
- C. Inflated products and services such as rack-rate hotel rooms (unless that is the best available rate when donated), overstated value of services and misrepresentation of fair market value.
- D. Donations given in trade whereby another product, service or good was received in exchange for the donation.



**The Torch Relay for Children's Miracle Network Hospitals
In-Kind Donation Form**

Date of Event: _____

City: _____

Description of Item (including quantity):

Estimated Fair Market Value*: \$_____

Individual donor or company name: _____

Individual Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date Received: _____

*A signed acknowledgement letter is your substantiation of donated in-kind goods for potential charitable deduction. Please refer to IRS Publication 526 for more information.

The Torch Relay for Children's Miracle Network Hospitals is a non-profit 501(c)3 organization