



# Application for Ambulatory Health Care Center Assistance Exemption

Property Tax  
**Form 50-282**

Appraisal District's Name

Phone (area code and number)

Address, City, State, ZIP Code

**This document must be filed with the appraisal district office in the county in which your property is located. Do not file this document with the office of the Texas Comptroller of Public Accounts. Location and address information for the appraisal district office in your county may be found at [www.window.state.tx.us/propertytax/references/directory/cad](http://www.window.state.tx.us/propertytax/references/directory/cad).**

**GENERAL INSTRUCTIONS:** This application is for use in claiming a property tax exemption on property owned by an organization engaged exclusively in providing assistance to ambulatory health care centers pursuant to Tax Code Section 11.183. This application applies to property you owned on Jan. 1 of this year.

**WHERE TO FILE:** This document, and all supporting documentation, must be filed with the appraisal district office in the county in which your property is located. Location and address information for the appraisal district office in your county may be found at [www.window.state.tx.us/propertytax/references/directory/cad](http://www.window.state.tx.us/propertytax/references/directory/cad).

**APPLICATION DEADLINES:** You must file the completed application with all required documentation beginning Jan. 1 and no later than April 30 of the year for which you are requesting an exemption.

**DUTY TO NOTIFY:** If the chief appraiser grants the exemption, you do not need to reapply annually. You must reapply if the chief appraiser requires you to do so, or if you want the exemption to apply to property not listed in this application. You must notify the chief appraiser in writing if and when your right to this exemption ends.

## OTHER IMPORTANT INFORMATION

Pursuant to Tax Code Section 11.45, after considering this application and all relevant information, the chief appraiser may request additional information from you. You must provide the additional information within 30 days of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for furnishing the additional information by written order for a single period not to exceed 15 days.

## State the Year for Which You are Applying

Tax Year

## STEP 1: Organization Information

Name of Organization

Mailing Address

City, State, ZIP Code

Phone (area code and number)

Organization is a (check one):

Partnership     Corporation     Other (specify): \_\_\_\_\_

## STEP 2: Applicant Information

Name of Person Preparing this Application

Title

Driver's License, Personal I.D. Certificate, or Social Security Number\*

If this application is for property owned by a charitable organization with a federal tax identification number, that number may be provided in lieu of a driver's license number, personal identification certificate number, or social security number: .....

\* Pursuant to Tax Code Section 11.48(a), a driver's license, personal I.D. certificate, or social security number provided in an application for an exemption filed with a chief appraiser is confidential and not open to public inspection. The information may not be disclosed to anyone other than an employee of the appraisal office who appraises property, except as authorized by Tax Code Section 11.48(b).

**STEP 3: Property Information**

- Attach one Schedule A form for **each** parcel of real property to be exempt.
- Attach one Schedule B form listing **all** personal property to be exempt.

**STEP 4: Questions About the Organization**

1. Is the association exempt from federal income taxation under Internal Revenue Code of 1986 Section 501(a), as an organization described by Section 501(c)(3)?  Yes  No
2. In the past year has the association loaned funds to, borrowed funds from, sold property to or bought property from a shareholder, director or member of the association, or has a shareholder or member sold his interest in the association for a profit?  Yes  No  
If yes, attach a description of each transaction. For sales, give buyer, seller, price paid, value of the property sold and date of sale. For loans, give lender, borrower, amount borrowed, interest rate and term of loan. Attach a copy of note, if any.
3. Does the association provide assistance to ambulatory health care centers that provide medical care to individuals without regard to the individuals' ability to pay, including providing policy analysis, disseminating information, conducting continuing education, providing research, collecting and analyzing data, or providing technical assistance to the health care centers?  Yes  No
4. Is the association funded wholly or partly, or assists ambulatory health care centers that are funded wholly or partly, by a grant under Public Health Service Act Section 330, (42 U.S.C. Section 254b), and its subsequent amendments?  Yes  No
5. Does the association perform abortions or provide abortion referrals or provide assistance to ambulatory health care centers that perform abortions or provide abortion referrals?  Yes  No
6. Does the association perform, or does its charter permit it to perform, any function other than ambulatory health care center assistance?  Yes  No  
If yes, attach a statement describing the other functions in detail.
7. Does the organization operate in such a manner that does not result in the accrual of distributable profits, the distribution of profits or the realization of any other form of private gain?  Yes  No

**STEP 5: Questions About the Organization's Bylaws or Charter**

Attach a copy of the charter, bylaws or other documents adopted by the organization which govern its affairs, and answer the following questions.

1. Does the organization use its assets in providing its assistance to ambulatory health care center functions or assistance to ambulatory health care center functions of another organization?  Yes  No
2. Do these documents direct that on the discontinuance of the organization, the organization's assets are to be transferred to the state of Texas, to the United States, or to an educational, religious, charitable or other similar organization that is qualified for exemption under Internal Revenue Code Section 501(c)(3), as amended?  Yes  No  
If yes, provide the page and paragraph numbers. Page \_\_\_\_\_ Paragraph \_\_\_\_\_
3. If no, do these documents direct that on discontinuance of the organization, the organization's assets are to be transferred to its members who have promised in their membership applications to immediately transfer them to the State of Texas, to the United States, or to an educational, religious, charitable or other similar organization that is qualified for exemption under Internal Revenue Code Section 501(c)(3), as amended?  Yes  No  
If yes, provide the page and paragraph numbers. Page \_\_\_\_\_ Paragraph \_\_\_\_\_
4. If yes, was the two-step transfer required for the organization to qualify for exemption under Internal Revenue Code Section 501(c)(3), as amended?  Yes  No
5. Does the organization operate, or does its charter permit it to operate, in such a manner as to permit the accrual of profits, the distribution of profits or the realization of any other form of private gain?  Yes  No

**STEP 6: Certification and Signature**

By signing this application, you designate the property described in the attached Schedules A and B as the property against which the exemption for ambulatory health care center assistance associations may be claimed in the appraisal district. You certify that the information provided in this application is true and correct to the best of your knowledge and belief.

**print here** ➔

Print Name \_\_\_\_\_

Title \_\_\_\_\_

**sign here** ➔

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.**



