

Application for Ambulatory Health Care Center Assistance Exemption

Appraisal District's Name

Phone (area code and number)

Address, City, State, ZIP Code

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.

FILING INSTRUCTIONS: You must furnish all information and documentation required by this application so that the chief appraiser is able to determine whether the statutory qualifications for the exemption have been met. This document and all supporting documentation must be filed with the appraisal district office in each county in which the property is located. Do not file this document with the Texas Comptroller of Public Accounts. A directory with contact information for appraisal district offices may be found on the Comptroller's website.

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, unless the chief appraiser requires it or 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 qualification for 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 tax year for which you are applying for this exemption.

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 had a shareholder or member sell an 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, the United States or 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, the United States or 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.

Schedule A: Description of Real Property

Complete one Schedule A form for **each** parcel of real property to be exempt. List only property owned by the organization. Attach all completed schedules to the application for exemption.

 Name of Property Owner

 Legal Description of Property (*if known*)

 Appraisal District Account Number (*if known*)

 Describe the Primary Use of the Property

 Date of Acquisition of the Property

 Is this property reasonably necessary for operation of the organization? . . . Yes No

List all other individuals and organizations that used this property in the past year and provide the following information for each.

NAME	DATES USED	ACTIVITY	RENT PAID, IF ANY

Schedule B: Description of Personal Property

Complete one Schedule B form for all personal property to be exempt. List only property owned by the organization. Continue on additional pages if necessary. Attach completed schedule to the application for exemption.

Name of Property Owner

Is this property reasonably necessary for operation of the organization? Yes No

Table with 2 columns: ITEM and LOCATION. The table consists of multiple empty rows for data entry.