



TRAVIS CENTRAL APPRAISAL DISTRICT
 P.O. Box 149012
 Austin, Texas 78714-9012 (512) 834-9317
 TDD (512) 836-3328 FAX (512) 835-5371

APPLICATION FOR CHARITABLE ORGANIZATION PROPERTY TAX EXEMPTION FOR _____ (year)

This application covers property you owned on January 1 of this year or acquired during this year. If you owned the property on January 1, you must file the completed form between January 1 and no later than April 30 of this year. If you acquire the property after January 1 of this year and wish to qualify for the exemption this year, you must apply before the first anniversary of the date you acquired the property, or before the first anniversary of the date any property was acquired after January 1. Be sure to attach any additional documents requested. If the chief appraiser grants the exemption, you do not need to reapply annually, but 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. Return the completed form to the address above.

STEP 1: NAME AND ADDRESS OF ORGANIZATION	Name of organization		
	Mailing address		
	City, town, or post office, state and zip code		Telephone number
	Name of person preparing this application	Driver's License, Personal I.D. Certificate, or Social Security No. +	Title
STEP 2: FORM OF ORGANIZATION	Is organization operated by: (please check) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Foundation <input type="checkbox"/> Trust		
	If operated by a corporation, is the corporation nonprofit as defined by the Texas Non Profit Corporation Act (art. 1396-1.01 VACS et seq)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
STEP 3: ANSWER THESE QUESTIONS ABOUT THE ORGANIZATION	1. Is the overall purpose of the organization to perform exclusively religious, charitable, scientific, literary or educational functions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	2. Check the appropriate box(es) if any of the following statements describe a function performed by the organization.		
	Provides medical care without regard to ability to pay. *		
	Provides support or relief to children who are orphaned, delinquent, dependent or children with a disability who need residential care, or to abused or battered spouses or children in need of temporary shelter, or to the impoverished, or to victims of natural disaster without regard to ability to pay. *		
	Provides services to elderly persons or to persons with a disability including the provision of recreation or social activities and facilities designed to address the special needs of elderly persons or persons with a disability without regard to ability to pay. **		
	Preserves a historical landmark or site.		
	Promotes or operates a museum, zoo, library, theater of the dramatic or performing arts, symphony orchestra or choir.		
	Promotes or provides humane treatment of animals.		
	Acquires, stores, transports, sells or distributes water for public use.		
	Answers fire alarms and extinguishes fires with little or no compensation paid to members.		
	Promotes the athletic development of boys or girls under the age of 18 years. *		
Promotes educational development through student loans or scholarships.			

STEP 3: ANSWER THESE QUESTIONS ABOUT THE ORGANIZATION (continued)	Provides halfway house services if certified as a halfway house by the Board of Pardons and Paroles. *	
	Provides permanent housing and related social, health care and educational facilities for persons 62 years of age or older without regard to ability to pay.	
	Preserves or conserves wildlife.	
	Promotes or operates an art gallery, museum or collection in a permanent location or on tour, that is open to the public.	
	Provide housing on a cooperative basis to students of an institution of higher education.	
	Operates a television station that produces or broadcasts educational, cultural or other public interest programming and that receives grants from the Corporation for Public Broadcasting 47 U.S.C.A. Sec 396. *	
	Provides housing and services to people 62 years old or older in a retirement community that provides independent and assisted living services and nursing services to residents on a single campus, without regard to ability to pay or in which at least 4 percent of community's combined net resident revenue is provided in charitable care to its residents.	
	Provides housing for low-income and moderate-income families, for unmarried individuals 62 years old or older, for individuals with a disability, and for families displaced by urban renewal, through the use of trust assets irrevocably dedicated, through a contract entered into before December 31, 1972, for the sale of housing to a charitable organization promoting the athletic development of boys and girls under 18 years. *	
	Provides for the organized solicitation of gifts and grants to nonprofit human services organizations. If this function is checked, please answer the following questions.	
	<input type="checkbox"/> a. Does the organization have a volunteer board of directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> b. Is the organization affiliated with a state or national organization that authorizes, approves, or sanctions volunteer fundraising organizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> c. Does the organization qualify for exemption under Sec. 501(c)(3), Internal Revenue Code, as amended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> d. Does the organization distribute contributions to at least five other organizations which (1) use the funds for charitable purposes; (2) are governed by volunteer boards of directors; (3) qualify for exemption under Sec. 501(c)(3), Internal Revenue Code, as amended; (4) receive a majority of their revenue from charitable gifts and government agencies; and (5) provide services without regard to their beneficiaries' ability to pay? If yes, attach list of organizations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Performs biomedical or scientific research or scientific education for benefit of the public. *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* A corporation that performs a function that is marked with an asterisk (*) does not have to be organized as a nonprofit corporation.		
** A charitable organization that performed this function must engage primarily in performing the described function, but may engage in other activities that support or are related to its charitable functions.		
<input type="checkbox"/> 3. Does the organization perform, or does its charter permit it to perform, any functions other than those checked in question 2? If "YES", attach a statement describing the other functions in detail.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> 4. In the past year has the organization loaned funds to, borrowed funds from, sold property to or bought property from a shareholder, director or member of the organization, or has a shareholder or member sold his interest in the organization for a profit? If "YES", please 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<p>5. Attach a list of salaries and other compensation for services paid in the last year. Also list any funds distributed to members, shareholders or directors in the last year. In each case, give recipient's name, type of service rendered or reason for payment and amounts paid.</p>					
<p>STEP 4: ANSWER THESE QUESTIONS ABOUT THE ORGANIZATION'S BYLAWS OR CHARTER</p>	<p>Please attach a copy of the charter, bylaws or other documents adopted by the organization which govern its affairs, and answer the following questions.</p>					
<p>1. Does the organization use its assets in performing the organization's charitable functions or the charitable function of another charitable organization?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>2. Does the charitable organization divide responsibility with another organization?</p> <p>If "YES", is that organization</p> <ol style="list-style-type: none"> 1. exempt from federal income taxation under Sec. 501(a), Internal Revenue Code of 1986, as an organization described by Sec. 501(c)(3) of that code; 2. meet the criteria for a charitable organization under Sec. 11.18(e) and (f) Texas Tax Code; and 3. under common control with the charitable organization? 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>3. 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 Sec. 501(c)(3), Internal Revenue Code, as amended?</p> <p>If "YES", give page no. _____ and paragraph no. _____.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>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 Sec. 501(c)(3), Internal Revenue Code, as amended?</p> <p>If "YES", give page no. _____ and paragraph no. _____.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>If "YES", was the two-step transfer required for the organization to qualify for exemption under Sec. 501(c)(3), Internal Revenue Code, as amended?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>STEP 5: DESCRIBE YOUR PROPERTY</p>	<p>Property to be exempt :</p> <p>Attach one SCHEDULE A (REAL PROPERTY) form for EACH parcel of real property to be exempt.</p> <p>Attach one SCHEDULE B (PERSONAL PROPERTY) form listing ALL personal property to be exempt.</p> <p>List only property owned by the organization.</p>					
<p>STEP 6: SIGN THE APPLICATION</p>	<p>By signing this application, you designate the property described in the attached Schedules A and B as the property against which the charitable organization exemption may be claimed in this appraisal district. You certify that this information is true and correct to the best of your knowledge and belief.</p> <table border="1" data-bbox="295 1668 1519 1803"> <tr> <td data-bbox="295 1668 1077 1736">Signature</td> <td data-bbox="1077 1668 1519 1736">Date</td> </tr> <tr> <td data-bbox="295 1736 997 1803">On behalf of (name of organization)</td> <td data-bbox="997 1736 1519 1803">Title</td> </tr> </table> <p>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 Texas Penal Code Section 37.10.</p>		Signature	Date	On behalf of (name of organization)	Title
Signature	Date					
On behalf of (name of organization)	Title					

+ You are required to give us this information on this form, in order to perform tax related functions for this office. Section 11.43 of the Tax Code authorizes this office to request this information to determine tax compliance. The chief appraiser is required to keep the information confidential and not open to public inspection, except to appraisal office employees who appraise property and as authorized by Section 11.48(b), Tax Code.



SCHEDULE A : DESCRIPTION OF REAL PROPERTY

Complete one Schedule A form for EACH parcel qualified for exemption.
Attach all completed schedules to your application for exemption.

TRAVIS CENTRAL APPRAISAL DISTRICT
P.O. Box 149012 8314 Cross Park Drive
Austin, Texas 78714-9012 (512) 834-9317
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Name of owner	
Legal description of property	Appraisal District account number (Optional):

Describe the primary use of this property

Is the property currently under active construction or physical preparation? Yes No

If under construction, when will construction be completed? (date) _____ ***

If under physical preparation, check which activity the organization has done.
(Check all that apply and attach copies to application.)

_____ Architectural work	_____ Land clearing activities
_____ Engineering work	_____ Site improvement work
_____ Soil testing	_____ Environmental or land use study

Is the incomplete improvement designed and intended to be used exclusively by the qualified charitable organization? Yes No

Does any portion of this property produce income? Yes No

If "Yes", attach a statement describing use of the revenue.

Is the land on which the incomplete improvement located reasonably necessary for the use of the improvement in the operation of the association/organization? Yes No

List all other individuals and organizations that used this property in the past year, and give the requested information for each.

NAME	DATES USED	ACTIVITY	RENT PAID, IF ANY

Continue on additional sheets as needed.

*** An incomplete improvement exempted for the three years preceding the 2003 tax year is entitled to exemption for the 2003 tax year regardless of whether the property owner applies for the exemption for the 2003 tax year if the property otherwise qualifies. The chief appraiser may require the property owner to file an application to confirm the owner's qualification for exemption for the 2003 tax year. An exemption for an incomplete improvement is for five years. Effective January 1, 2006, the exemption will revert back to three years.

TRAVIS CENTRAL APPRAISAL DISTRICT



ART CORY
CHIEF APPRAISER

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS, APPLICABLE TO YOUR ORGANIZATION, ALONG WITH THE COMPLETED APPLICATION:

- A: DEED**
- B: CHARTER**
- C: CONSTITUTION**
- D: BYLAWS**
- E: ARTICLES OF INCORPORATION**
- F: IRS FORM 990 (Return of Organization Exempt From Income Tax)**
- G: IRS FORM 1023 (Application for Recognition of Exemption under Sec. 501(c)(3) of the Internal Revenue Code) OR DETERMINATION LETTER**
- H: CURRICULUM (Private School)**
- I: COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) designation/certification**
- J: DOCUMENTS REQUESTED WITHIN APPLICATION**
- K: ANY DOCUMENTS THAT YOU FEEL WOULD BE BENEFICIAL IN PROCESSING YOUR APPLICATION OR ANY OTHER DOCUMENTS WHICH SUPPORT YOUR CLAIM TO TAX EXEMPTION**

MAIL ALL INFORMATION TO:

**TRAVIS CENTRAL APPRAISAL DISTRICT
P.O. BOX 149012
AUSTIN, TX 78714-9012**

ATTENTION: DENISE PIERCE, EXEMPTIONS ADMINISTRATOR