

**APPLICATION FOR AMBULATORY HEALTH CARE CENTER ASSISTANCE EXEMPTION**

YEAR

Appraisal district name	Phone (area code and number)
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Address

**This application covers property you owned on January 1 of this year or acquired during this year. You must file the completed form between January 1 and 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.**

<b>Step 1: Name and address of organization</b>	Name of organization		
	Present mailing address		
	City, town or post office, state, ZIP code		Phone (area code and number)
	Name of person preparing this application	Driver's License, Personal I.D. Certificate, or Social Security Number*	Title

<b>Step 2: Answer these questions about the organization</b>	Operator of organization (check appropriate box) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Association		
	1. Is the association exempt from federal income taxation under Section 501(a), Internal Revenue Code of 1986, as an organization described by Section 501(c)(3)?..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
	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 <input type="checkbox"/> No <input type="checkbox"/>  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 <input type="checkbox"/> No <input type="checkbox"/>		
	4. Is the association funded wholly or partly, or assists ambulatory health care centers that are funded wholly or partly, by a grant under Section 330, Public Health Service Act (42 U.S.C. Section 254b), and its subsequent amendments?..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
	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 <input type="checkbox"/> No <input type="checkbox"/>		
	6. Does the association perform, or does its charter permit it to perform, any function other than ambulatory health care center assistance? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>  If "YES," attach a statement describing the other functions in detail.		
	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><b>Step 3:</b> Answer these questions about the organization bylaws or charter</p>	<p><i>Attach a copy of the charter, bylaws or other documents adopted by the organization which govern its affairs, and answer the following questions.</i></p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p> <p>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 Section 501(c)(3), Internal Revenue Code, as amended?..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 40px;">If "YES," give the page and paragraph numbers.      Page _____ Paragraph _____</p> <p style="margin-left: 40px;">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 Section 501(c)(3), Internal Revenue Code, as amended?..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 40px;">If "YES," give the page and paragraph numbers.      Page _____ Paragraph _____</p> <p style="margin-left: 40px;">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?..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. 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? .....<input type="checkbox"/>      Yes <input type="checkbox"/> No <input type="checkbox"/></p>				
<p><b>Step 4:</b> Describe your property</p>	<p>PROPERTY TO BE EXEMPT:</p> <ul style="list-style-type: none"> <li>Attach one Schedule <b>A</b> (REAL PROPERTY) form for <b>EACH</b> parcel of real property to be exempt.</li> <li>Attach one Schedule <b>B</b> (PERSONAL PROPERTY) form listing <b>ALL</b> personal property to be exempt.</li> <li>List only property owned by the organization.</li> </ul>				
<p><b>Step 5:</b> Sign the application</p>	<ul style="list-style-type: none"> <li>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.</li> <li>You certify that this information is true and correct to the best of your knowledge and belief.</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%; padding: 2px;">On behalf of (name of organization)</td> <td style="width: 30%; padding: 2px;">Date</td> </tr> <tr> <td style="padding: 2px;"><b>sign here</b>  Authorized signature</td> <td style="padding: 2px;">Title</td> </tr> </table> <p style="margin-top: 10px;"><b>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.</b></p>	On behalf of (name of organization)	Date	<b>sign here</b> Authorized signature	Title
On behalf of (name of organization)	Date				
<b>sign here</b> Authorized signature	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.



