

TOWN OF RAMAPO
237 Route 59
Suffern, New York 10901
(845) 357-5100 Fax: (845) 369-6945



Scott J. Shedler, IAO
Assessor

WHOLLY EXEMPT APPLICATION INFORMATION SHEET

In addition to the completion of the entire application, please provide the following additional information, if applicable:

1. If the use involves students, clergy or teachers, please provide the following:
 - a. Student: provide information on school letterhead as to school where student attends and hours of attendance.
 - b. Teacher: provide information on school letterhead as to school where teacher works and hours of employment.
 - c. Clergy: place of worship where employed and hours of employment.
 - (a) if more than one clergy is occupant, provide their name and a separate Manse form for each clergy.
2. If property is used by a different organization than the owner, provide their name, their use and amount of rent, if any.
3. Deed to property(s)
4. Certificate of Incorporation
5. Letter from the IRS showing exempt status
6. Please provide a Certificate of Occupancy (C/O) authorizing current use of property or proof that the process to obtain such C/O is currently underway.

Said information will assist in efficiently processing your application. If you have any questions, please call Joanne Corletta at 357-5100 ext. 261.

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NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES
APPLICATION FOR REAL PROPERTY TAX EXEMPTION FOR
NONPROFIT ORGANIZATIONS
II - PROPERTY USE

1 a. Name of organization

2. Employer ID no

b. Mailing address

3a. Name of contact person

b. Day telephone no. of contact person

Evening telephone no.

c. Address of property

c. E-mail address (optional)

d. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot

4 a. Has any part of this property been conveyed to another person or organization? Yes No

b. Is the property or any part thereof under contract for sale? Yes No

c. Is the property or any part thereof for sale? Yes No

d. If answer to 4 a, b, or c is yes, give full details (indicate question letter):

5. Name of grantee as set forth in deed by which property was acquired if different from answer to question 1.

6. If the property was acquired within the last three (3) years, indicate: Date of acquisition:

Deed recording information - Book of Deeds: Page:

7. Was the property acquired from anyone who has or had any interest in the owning organization (e.g., officer, director, employee, member, etc.)? Yes No

If yes, explain the relationship and circumstances of sale (including purchase price and terms of sale):

8. Is the property mortgaged? Yes No

a. If yes, does the holder of the mortgage presently (or did it formerly) have any interest in the owning organization? Yes No

b. If answer to 8a is yes, explain the relationship and details of mortgage(s), original principal amount, principal currently outstanding, interest rate, original term of mortgage, term remaining:

(attach additional sheets if necessary)

FOR ASSESSOR'S USE

Assessing unit

County

City/Town

Village

School District

9. Does any person or organization have a reversionary interest in this property? Yes No
- a. If yes, indicate name and address of such person and state terms of right of reverter: _____

10. Describe, in detail, use or uses of the property: _____

IF THE ORGANIZATION SEEKING EXEMPTION HAS INDICATED ONE OF ITS CORPORATE PURPOSES IS HOSPITAL IN QUESTION 2a. ON FORM RP-420-a-Org, ANSWER QUESTION 11. IF NOT SKIP TO 12.

11. Are the premises or any portion thereof leased or otherwise occupied as professional offices? Yes No
- If yes, answer a through c.
- a. The professional offices are leased or otherwise occupied by: (1) members of the staff, e.g. doctors
 (2) professionals not on the staff of the hospital (3) a combination of 1 and 2
- b. If leased to members of the staff, are the offices used: (1) solely for hospital related matters
 (2) for the private practice of the staff members (3) a combination of 1 and 2
- c. If not used solely for direct-hospital related purposes, what percentage of time and space are the offices used for direct hospital-related purposes, and what percentage of time and space are they used for private practice of the staff? _____

12. Is the property or any portion thereof regularly occupied by persons or organizations other than applicant?
 Yes No
- If yes, answer a through d.
- a. Name of occupant(s) _____
- b. Use by occupant(s) (also indicate specific portion of property so occupied): _____

- c. Term(s) of occupancy (e.g. one-year lease, month-to-month tenancy): _____
- d. Amount of rental paid by occupant(s) _____

13. Is the property or any portion thereof occasionally used by persons or organizations other than the applicant?
 Yes No
- If yes, state use and indicate specific portion of property used, frequency of use and fee charged or contributions received for use: _____

14. Are there any buildings or other improvements on the property? Yes No
- If yes, skip questions a through e. If no, answer a-e and skip questions 15-16.
- a. Use or uses of property if not described in question 10. _____

- b. Are building or other improvements contemplated on this unimproved land? Yes No
 If yes, give full details including proposed use(s): _____

c. Do the minutes of the organization contain a resolution(s) authorizing contemplated building or other improvements? Yes No

If yes, attach a copy of resolution(s).

d. State detailed financial resources for contemplating buildings or other improvements (including building fund). _____

e. When will construction begin? _____

15. Describe, briefly, the building(s) or other improvements: _____

a. Approximate acreage of land not underlying buildings or other improvements: _____

b. Use or uses of land referred to in 15a. if not described in question 10. _____

c. Are buildings or other improvements contemplated on this unimproved land? Yes No

If yes, give full details including proposed use(s): _____

d. Do the minutes of the organization contain a resolution authorizing contemplated buildings or other improvements? Yes No If yes, attach copy of resolution(s)

e. State financial resources for contemplated buildings or other improvements (including building fund). _____

f. When will construction begin? _____

16. Are there any unoccupied buildings or other improvements on this property? Yes No

a. Date(s) they became unoccupied _____

b. Describe contemplated use(s) of the buildings or other improvements: _____

VERIFICATION

State of New York

ss:

County of

_____, being duly sworn, says that __he is the _____ of the applicant organization, that the statements contained in this application (including the attached sheets consisting of _____ pages) are true and correct and complete, and that __he makes this application for real property tax exemption as provided by law.

Subscribed and sworn to before me

this _____ day of _____ 20____

Signature of owner or authorized representative

Commissioner of deeds or notary public

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Tax exemption for nonprofit organizations under section 420-a or 420-b of the Real Property Tax Law

Real property owned by a corporation or association organized or conducted exclusively for religious, charitable, hospital, educational, moral or mental improvement of men, women or children, or for two or more such purposes, and used exclusively for carrying out thereupon one or more such purposes, is exempt from taxation pursuant to section 420-a.

Unless a municipality has chosen to make it taxable, real property owned by a corporation or association organized exclusively for bible, tract, benevolent, missionary, infirmary, public playground, scientific, literary, bar association, medical society, library, patriotic or historical purposes, for the development of good sportsmanship for persons under the age of eighteen years through the conduct of supervised athletic games, for the enforcement of laws relating to children or animals, or for two or more such purposes, and used exclusively for carrying out one or more such purposes, is exempt from taxation pursuant to section 420-b.

2. APPLICATION

A two-part application must be filed in each assessing unit in which exemption is sought: Form RP-420-b-Org (I-Organization purpose) and form RP-420-a/b-Use (II-Property use). One copy of Form RP-420-b-Org must be filed in each assessing unit. One copy of Form RP-420-a/b-Use must be filed in each assessing unit for each separately assessed parcel for which exemption is sought. Each year following the year in which exemption is granted on the basis of this application, renewal forms RP-420-a/b-Rnw-I and RP-420a/b-Rnw-II must be filed.

If you need more space for any item in the application, attach additional sheets and indicate the question(s) to which you are responding. Please give your name and employer identification number on all attachments. The assessor may request information in addition to the information contained in the application.

For purposes of section 420-a, the same forms may be used (except RP-420-a-Org replaces RP-420-b-Org). In the alternative, the owner may submit proof of exempt status to the assessor in whatever form is mutually acceptable.

3. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications must be filed with the Nassau County Board of Assessors. In Tompkins County, applications must be filed with the Tompkins County Division of Assessment. **Do not file with the Office of Real Property Tax Services.**

4. Time of filing application

For purposes of section 420-b, the application must be filed in the assessor's office on or before the appropriate taxable status date. For purposes of section 420-a, the application should be filed on or before such date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status date is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date. In New York City, property acquired by an organization exempt pursuant to either of these sections may receive exemption as of the date of its acquisition; application for exemption should be filed promptly.

SPACE BELOW FOR ASSESSOR'S USE

Parcel identification no.(s)

Applicant organization

Employer ID no.

Date application filed

Application Approved Disapproved

Assessed Valuation \$ Taxable \$ Exempt

Documentary evidence presented:

Assessing unit

Assessor's signature

Date

APPLICATION FOR REAL PROPERTY TAX EXEMPTION PROPERTY USE – OCCUPANCY STATEMENT

PROPERTY ADDRESS LOCATION: _____

APPLICANT ORGANIZATION NAME: _____

ORGANIZATION'S MAILING ADDRESS: _____

PARCEL DESCRIPTION AS IT APPEARS ON ASSESSMENT ROLL: _____

A. NAME OF OCCUPANTS:

1. _____
2. _____
3. _____
4. _____

B. SPECIFY THE EXACT USE OF THE PROPERTY BY THE OCCUPANT(S):

1. _____
2. _____
3. _____
4. _____

*****PLEASE PROVIDE WRITTEN NARRATIVE OF WORK OR STUDENT STATUS FOR EACH RESIDENT.**

C. TERM(S) OF OCCUPANCY:

1. _____
2. _____
3. _____
4. _____

D. AMOUNT OF RENT PAID BY OCCUPANT(S):

1. _____
2. _____
3. _____
4. _____

E. IS THIS PROPERTY OR ANY PORTION THEREOF AT ANY TIME USED BY OTHERS THAN THE APPLICANT OR THE OCCUPANTS NAMED ABOVE? YES _____ NO _____

IF YES, SPECIFICALLY FOR WHAT PURPOSE: _____

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____ TELEPHONE: _____ DATE: _____

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NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR EXEMPTION FROM REAL PROPERTY TAXES FOR
PROPERTY USED AS RESIDENCE OF OFFICIATING CLERGY ("PARSONAGE" OR "MANSE")

(See general information and instructions on back of form)

- 1 a. Name of religious corporation
2. Mailing address of organization
b. Name of officiating clergy
c. Telephone no. of clergy Day () Evening ()
d. E-mail address (optional)

- 3. Location of property
Street address
Village (if any) City/Town School district

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot

- 4. Is there any other property owned by this religious corporation which is used exclusively for religious purposes so as to entitle the other property to an exemption pursuant to section 420-a of the Real Property Tax Law? Yes No

If yes, state location of other property or properties.

- 5. Has the officiating clergy of this religious corporation had formal training as a clergy? Yes No
If yes, give full details.

- 6. Has the officiating clergy been formally ordained? Yes No
If yes, state when, where and by whom such officiating clergy was ordained.

If no, explain.

- 7a. Is any portion of the premises used for purposes other than as residence of the officiating clergy? Yes No
b. If yes, are the premises, or any portion thereof, used for banquets, dances, meetings, weddings or other purposes? Yes No

If the answer to 7b, is yes, give full details including gross annual income realized from such renting or other use.

If the answer to 7a. is yes, and the answer to 7b. is no, state in detail other uses of this property other than for residence of officiating clergy.

ATTACH ADDITIONAL SHEETS WHENEVER NECESSARY

Submit form RP-420-a-Org (available from assessor) or RP-420-a/b-Rnw-I, if renewal, and all attachments required in that form with respect to the religious corporation named in answer to question 1a. above.

VERIFICATION

State of New York

ss:

County of _____

_____, being duly sworn, says that ___he is the _____ of the organization, that the statements contained in this application (including the attached sheets consisting of ___ pages) are true, correct and complete, and that ___he makes this application for real property tax exemption as provided by law.

Subscribed and sworn to before me
this _____ day of _____ 20____

Signature of owner or authorized representative

Commissioner of deeds or notary public

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Tax exemption for real property used as residence of officiating clergy (“parsonage” or “manse”)

Section 462 of the Real Property Tax Law authorizes an exemption from real property taxation for property owned by a religious corporation while actually used by the officiating clergy thereof for residential purposes.

2. Application

An application for exemption pursuant to section 462 must be filed annually for each separately assessed parcel for which an exemption is claimed. Applicants must also submit Form RP-420-a-Org. Where exemption is claimed in any one assessing unit for more than one parcel, the submission of one Form RP-420-a-Org is sufficient. Each year following the year in which exemption is first granted on the basis of this application, a renewal form RP-420-a/b-Rnw-I may be filed with this form in lieu of RP-420-a-Org.

If you need more space for any item in the application, attach additional sheets and indicate the question(s) to which you are responding. Please give your name and the name of your church on all attachments. The assessor may request information in addition to the information contained in the application.

3. Place of filing application

Application for exemption from city, town or village taxes must be filed with the city, town or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications should be filed with the Nassau County Board of Assessors. In Tompkins County, applications should be filed with the Tompkins County Division of Assessment. **Do not file this form with the Office of Real Property Tax Services.**

4. Time of filing application

The application must be filed in the assessor’s office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided in the Real Property Tax Law, the taxable status date is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date. In New York City, taxable status date is January 5, but applications for this exemption may be filed on or before March 15.

SPACE BELOW FOR ASSESSOR’S USE ONLY

- 1. Applicant religious corporation: _____
- 2. Date application filed _____
- 3. Application Approved Disapproved
- 4. Assessed valuation \$ _____ Taxable \$ _____ Exempt
- 5. Documentary evidence presented _____

Assessing unit

Assessor’s signature

Date



NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR REAL PROPERTY TAX EXEMPTION FOR
NONPROFIT ORGANIZATIONS - MANDATORY CLASS
I-ORGANIZATION PURPOSE

(See general information and instructions on back of form)

1a. Name of Organization

b. Mailing address

c. Employer ID no.

d. Name of contact person

e. Day telephone no. of contact person

Evening telephone no.

f. E-mail address (optional)

2a. Purpose(s) of organization:

Religious

Charitable

Hospital

Educational

Moral or mental improvement of men, women, or children

b. If the organization has more than one purpose, state the primary purpose: _____

c. State briefly specific activities related to each purpose checked above: _____

(Attach additional sheets if necessary)

FOR ASSESSOR'S USE

Assessing unit _____

County _____

City/Town _____

Village _____

School District _____

3. Is the organization currently exempt from Federal income tax? Yes No

If no, skip to question 4. If yes, answer a. through d.

a. Under which section, subsection and paragraph of the Internal Revenue Code? _____

b. Did the Internal Revenue Service recognize the exemption on the basis of an application form or a written request or statement? Yes No

If yes: (1) Was the exemption recognized by a (check one)

- Group exemption letter
- Separate exemption letter

(2) If exemption was recognized by a group exemption letter, give name and address of organization receiving group exemption. _____

(3) If the exemption was recognized by an advanced ruling, when does the ruling expire?

(month/day/year)

ATTACH COPY OF DETERMINATION OR RULING LETTER

If no: (4) Please explain how the organization is exempt from Federal income tax (attach additional sheets if needed). _____

c. Is the organization required to file annual returns with the Internal Revenue Service? Yes No
If yes, attach form number(s). _____

ATTACH COPY OF EACH RETURN FILED FOR THE ORGANIZATION'S LAST FISCAL YEAR

d. For the last fiscal year, did the organization file Internal Revenue Form 990-T (Exempt Organization Business Income Tax Return)? Yes No

IF YES ATTACH COPY OF FORM 990-T AND SKIP TO QUESTION 5

4. Has the organization applied for recognition of exemption from Federal income tax? Yes No

a. Under which section, subsection and paragraph of the Internal Revenue Code? _____

b. Date of application _____

**ATTACH COPY OF APPLICATION, REQUEST OR STATEMENT AND ATTACHMENTS
IF NO, COMPLETE AND ATTACH SCHEDULE A (RP-420-a/b-Org) (obtain Sch. A from assessor)**

5. Is the organization incorporated? Yes No

If yes, answer a through c. If no, answer d through f.

- a. Date incorporated _____ b. State/County in which incorporated _____
- c. Under which law? Law: _____ Article or section: _____

ATTACH COPY OF CURRENT ARTICLES OF INCORPORATION (Note: If a dissolution provision is not included in the articles, also attach a statement describing how assets would be distributed should the organization dissolve.)

- d. Form of organization _____ e. Date formed _____
- f. Has the organization applied for incorporation? Yes No - If no, skip to question 6. If yes:
 - (1) State/County in which application has been filed _____
 - (2) Under which Law? Law: _____ Article or section: _____
 - (3) Date application filed: _____

ATTACH COPY OF APPLICATION AND CONSENTS REQUIRED WITH APPLICATION

ATTACH COPY OF CURRENT ARTICLES OF ORGANIZATION (Note: If a dissolution provision is not included in the articles, also attach a statement describing how assets would be distributed should the organization dissolve.)

- 6. Is the organization under the supervision of any public regulatory body? Yes No
If yes, answer a through c.
 - a. Which one(s)? Give name and address _____

 - b. Does the organization have an operating certificate, permit, charter, or similar authorization issued by a public regulatory body? Yes No

IF YES, ATTACH COPY OF AUTHORIZATION

- c. Does the organization solicit contributions from the public? Yes No
If yes and the organization is registered with the Attorney General's Charities Bureau, give the organization's registration number _____

VERIFICATION

State of New York

ss:

County of _____

_____, being duly sworn, says that ___he is the _____ of the applicant organization, that the statements contained in this application (including the attached sheets consisting of ____ pages) are true, correct and complete, and that ___he makes this application for real property tax exemption as provided by law.

Subscribed and sworn to before me
this ____ day of _____, 20__

Signature of owner or authorized representative

Commissioner of deeds or notary public

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Tax exemption for nonprofit organizations under section 420-a of the Real Property Tax Law

Real property owned by a corporation or association organized or conducted exclusively for religious, charitable, hospital, educational, or moral or mental improvement of men, women or children, or for two or more such purposes, and used exclusively for carrying out thereupon one or more such purposes, is exempt from taxation.

2. Application

For the property to be granted tax exempt status on the tentative assessment roll, the assessor must be satisfied that the statutory standards are met. This can be most readily accomplished through submission of the Office of Real Property Tax Services's forms.

A two-part application should be filed in each assessing unit in which exemption is sought: Form RP-420-a-Org (I-Organization purpose) and form RP-420-a/b-Use (II-Property use). One copy of Form RP-420-a-Org should be filed in each assessing unit. One copy of Form RP-420-a/b-Use should be filed in each assessing unit for each separately assessed parcel for which exemption is sought. Each year following the year in which exemption is granted on the basis of this application, renewal forms RP-420-a/b-Rnw-I and RP-420-a/b-Rnw-II should be filed.

If you need more space for any item in the application, attach additional sheets and indicate the question(s) to which you are responding. Please give your name and employer identification number on all attachments. The assessor may request information in addition to the information contained in the application.

The law does not require that Office of Real Property Tax Service's forms be used. In the alternative, the owner may present proof of exempt status to the assessor in whatever format is mutually acceptable.

3. Place of filing application

Application for exemption from city, town or village taxes should be filed with the city, town or village assessor. Application for exemption from county or school district taxes should be filed with the city or town assessor who prepares the assessment roll used in the levying of county or school taxes. In Nassau County, applications should be filed with the Nassau County Board of Assessors. In Tompkins County, applications should be filed with the Tompkins County Division of Assessment. **Do not file with the Office of Real Property Tax Services.**

4. Time of filing application

The application should be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided in the Real Property Tax Law, the taxable status date is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date. In New York City, property acquired by an organization exempt pursuant to this section may receive exemption as of the date of its acquisition; application for exemption should be filed promptly.

_____ **SPACE BELOW FOR ASSESSOR'S USE** _____

_____ Applicant organization _____

_____ Employer identification number _____

_____ Date application filed _____

_____ **See form RP-420-a/b-Use for parcel number(s)** _____

Documentary evidence presented: _____

_____ Assessing unit _____

_____ Assessor's signature _____

_____ Date _____



NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

SCHEDULE A
RP-420-a/b-Org (1/95)

APPLICATION FOR REAL PROPERTY TAX EXEMPTION FOR
NONPROFIT ORGANIZATIONS

ALL organizations filing this form must complete Parts A, B and C. FOUNDATIONS and TRUSTS
must complete Part D. Certain organizations must complete additional parts of this form as follows.

- RELIGIOUS ORGANIZATIONS.....Part E
CHARITABLE ORGANIZATIONS THAT ARE NOT FOUNDATIONS OR TRUSTS.....Part F
HOSPITAL ORGANIZATIONS.....Part G
EDUCATIONAL ORGANIZATIONS.....Part H
ORGANIZATIONS THAT OPERATE HOMES FOR THE AGED.....Part I

Attach additional sheets if necessary. On each attachment, indicate name of organization, employer
identification number and question answered. If assistance is needed in completing this form, consult the
assessor.

ALL ORGANIZATIONS MUST COMPLETE THE VERIFICATION ON PAGE 19

PART A-IDENTIFICATION

1a. Name of Organization
c. Employer ID no.
b. Mailing address
d. Name of contact person
e. Day telephone no. of contact person
f. Evening telephone no.
2. Date incorporated or formed
3. Month annual accounting period ends
4. Has the organization filed Federal Income Tax Returns? Yes No
If YES, state form number(s), year(s) filed, and Internal Revenue Office where filed.

Part B—ACTIVITIES AND OPERATIONS

1. Describe in detail the specific purposes for which the organization was formed, the activities presently carried
on and those which will be carried on. If the organization is not fully operational, explain what stage of
development its activities have reached, what further steps remain for the organization to become fully
operational, and when they will take place. Specifically identify the services performed or to be performed by
the organization. (Do not state the purposes of the organization in general terms or repeat the language of the
organizational documents). Include sufficient information to show that the organization's activities are related
to the purpose(s) stated in Question 2a Form RP-420-a-Org or RP-420-b-Org.

Part B (continued)

2. Membership of the organization’s governing body:

- a. Names, addresses, and duties of officers, directors, trustees, etc.
- b. Specialized knowledge, training, expertise or particular qualifications.

c. Are any members of the governing body the following persons?

(1) A “substantial contributor” to the organization? (A “substantial contributor” is any person – including a corporation, trust, etc. – who contributed or bequeathed an aggregate amount of more than \$5,000, if such amount is more than 2 percent of the total contributions and bequests received by the organization from the time of its creation through the close of the accounting year of the organization in which the contribution or bequest was received by the organization from such person. In the case of a trust, the creator is a substantial contributor regardless of the size of the creator’s contribution or bequest). Yes No

(2) A Foundation manager? Yes No

(3) An owner of more than 20 percent of the total combined voting power of a corporation, the profits interest of a partnership, or the beneficial interest of a trust or unincorporated enterprise which is a substantial contributor to the organization? Yes No

(4) A “member of the family” of any person described in (1), (2), or (3) above? (A member of the family with respect to any person described above means his or her spouse, ancestors and lineal descendants). Yes No

IF YES ANSWERED TO ANY OF THE ABOVE QUESTIONS, ATTACH FULL EXPLANATION.

d. Do any members of the governing body have either a business or a family relationship with the following persons:

(1) A “substantial contributor” to the organization? (See question 2 (c).) Yes No

(5) A corporation in which persons described in (1), (2), (3) or (4) above own more than 35 percent of the total combined voting power? Yes No

(2) A foundation manager? Yes No

(3) An owner of more than twenty percent of the total combined voting power of a corporation, the profits interest of a partnership, or the beneficial interest of a trust or unincorporated enterprise which is a substantial contributor to the organization? Yes No

(6) A partnership in which persons described in (1), (2), (3), or (4) above hold more than 35 percent of the profits interest? Yes No

(4) A “member of the family” of any person described in (1), (2) or (3) above? (See question 2 (c).) Yes No

(7) A trust or estate in which the persons described in (1), (2), (3), or (4) hold more than 35 percent of the the beneficial interest? Yes No

(8) Any organization which is effectively controlled by the same persons who control your organization or any organization whose contributions were made by the same contributors who contributed to your organization? Yes No

IF YES ANSWERED TO ANY OF THE ABOVE QUESTIONS, ATTACH FULL EXPLANATION.

e. Have any members of the governing body assigned income or assets to the organization?

Yes No

IF YES, ATTACH A COPY OF ASSIGNMENT(S) AND A LIST OF ITEMS ASSIGNED.

Part B (continued)

2f. Is it anticipated that any current or future member of the governing body will assign income or assets to the organization?
_____Yes _____No

IF YES, ATTACH FULL EXPLANATION ON SEPARATE SHEET.

g. Has any member of your organization, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any other organization with which such person is affiliated?

- (1) Sale, exchange or leasing of property? _____Yes _____No
- (2) Lending of money or other extension of credit? _____Yes _____No
- (3) Furnishing of goods, services or facilities? _____Yes _____No
- (4) Payment of compensation (or payment of reimbursement) for expenses if in excess of \$1,000? _____Yes _____No
- (5) Transfer of income or assets? _____Yes _____No

IF YES ANSWERED TO ANY OF THE ABOVE QUESTIONS, ATTACH A DETAILED STATEMENT EXPLAINING THE TRANSACTION (S).

3. Is the organization the outgrowth or continuation of any form of predecessor(s)? _____Yes _____No
If yes, state the name of each predecessor, the period during which it was in existence, and the reasons for its termination.

ATTACH COPIES OF ALL PAPERS BY WHICH THE TRANSFER OF ASSETS, IF ANY, WAS EFFECTED.

4a. Is the organization now connected or is it planned that it will be connected (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees, officers, etc., with any other organization? _____Yes _____No
If yes, enter name(s) of organization(s) and explain relationship.

b. Is the organization financially accountable to any other organization? _____Yes _____No
If yes, enter name(s) of organization(s) and give details concerning accountability.

5a. What benefits, services, or products does or will the organization provide?

b. Are the recipients required or will they be required to pay for the organization's benefits, services or products? _____Yes _____No
If yes, please explain and show how the charges are determined.

c. Does or will the organization limit its benefits, services or products to specific classes of individuals? _____Yes _____No
If yes, please explain how the recipients or beneficiaries are or will be selected.

Part B (continued)

6. Is the organization a membership organization? Yes No

If yes:

a. Describe the membership requirements, the classes of membership (with the number of members in each class) and the voter rights and privileges received. Also, if any group or class of persons is required to join, describe the requirements and explain the relationship between those members and members who join voluntarily.

ATTACH A SCHEDULE OF MEMBERSHIP FEES AND DUES.

b. Describe your present and proposed efforts to attract members.

c. Are benefits, service or products limited to members? Yes No

If no, please explain.

Part C – Finances

1a. Statement of receipts and expenditures.

Note: Complete a statement for the last fiscal year and for each of the three years immediately before it. If in existence less than four years, complete a statement for each year in existence. (If the organization prepares a statement of receipts and expenditures that is more descriptive and detailed than the statement below, that statement may be submitted in place of this one.)

RECEIPTS AND EXPENDITURES FOR THE YEAR ENDING _____ 20 _____

I. RECEIPTS

| | | |
|--|--|--|
| (1) Gross dues and assessments of members | | |
| (2) Gross contributions, gifts, etc. * | | |
| (3) Gross amount derived from activities related to organization's exempt purposes (attach schedule) | | |
| Less cost of sales (attach schedule) | | |
| (4) Gross amounts from unrelated business activities (attach schedule)... | | |
| Less cost of sales (attach schedule) | | |
| (5) Gross amounts received form sale of assets, excluding inventory items (attach schedule) | | |
| Less cost or other basis and sales expenses of assets sold (attach schedule) | | |
| (6) Interest, dividends, rents and royalties | | |
| (7) Other receipts (attach schedule) | | |
| (8) NET RECEIPTS | | |

Part C – Finances (continued)

III. FUND BALANCE OR NET WORTH

| | | |
|---|--|--|
| (17) Total fund balance or net worth | | |
| (18) Total liabilities and fund balance or net worth (line 16 plus line 17) | | |

(19) Has there been any substantial change in any aspect of the organization’s financial activities since the period ended as shown above?
_____ Yes _____ No

If yes, attach a detailed explanation.

2a. What assets does the organization have that are used in the performance of its exempt function? If any assets are not fully operational, explain what stage of completion has been reached, what additional steps remain to be completed and when such final steps will be taken.

b. To what extent has the organization used or does it plan to use contributions as an endowment fund, i.e. hold contributions to produce income for the support of the organization’s exempt function?

c. Does or will any part of the organization’s net income inure to the benefit of any private shareholder or individual? _____ Yes _____ No
If yes, explain in detail.

d. Has the organization made or does it plan to make any distribution of its property or surplus to shareholders or members? _____ Yes _____ No
If yes, state full details, including: (1) amounts or value, (2) source of funds or property distributed or to be distributed and (3) basis of and authority for distribution or planned distribution. _____

3a. Has the organization made or does it plan to make any payments to members or shareholders for services rendered or to be rendered?
_____ Yes _____ No

If yes, please state in detail the amount paid, the character of the services, and to whom payments have been or will be made.

Part C – Finances (continued)

b. Does the organization have any arrangements to provide insurance for members, their dependents, or others (including provisions for the payment of sick or death benefits and pensions and annuities)? _____ Yes _____ No
 If yes, please describe and explain the arrangement’s rules of eligibility.

c. Officers, directors and trustees:

| Name and title | Time devoted to position | Compensation (annual) | Contributions to Employee Benefit Plans (annual) | Expense account and other Allowances (annual) |
|----------------|--------------------------|-----------------------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

d. Five highest paid full-time employee (other than officers, directors and trustees):

| Name, and Title and Address | Time devoted to Position | Compensation (annual) | Contributions to Employee Benefit Plans (annual) | Expense account and other Allowances (annual) |
|-----------------------------|--------------------------|-----------------------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3e. Five highest paid part-time employees (other than officers, directors and trustees):

| Name, title and Addresses | Time devoted to position | Compensation (annual) | Contributions to Employee Benefit Plans (annual) | Expense Account and other Allowances (annual) |
|---------------------------|--------------------------|-----------------------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part D – Foundations and Trusts (continued)

c. Have any managers contributed 2 percent or more of the total contributions received by the foundation or trust during any year?
_____Yes _____No

d. Do any managers own 10 percent or more of the stock of a corporation (or equally large portion of the ownership of a partnership or other entity) of which the foundation or trust has a 10 percent or greater interest?

_____Yes _____No

2a. Name and address of organization(s) supported by the foundation or trust.

b. To what extent are the members of your organization’s governing board elected or appointed by the supported organization(s)?

c. What is the extent of common supervision or control that your organization and the supported organization(s) share?

d. To what extent do(es) the supported organization(s) have a significant voice in your organization’s investment policies, the making and timing of grants, and in otherwise directing the use of your organization’s income or assets?

e. If any supported organization is mentioned in your organization’s governing instrument, is your organization a trust that the supported organization can enforce under state law and with respect to which the supported organization can compel an accounting?

_____Yes _____No

If yes, please explain.

f. What position of your organization’s income does your organization pay to each supported organization and how significant is such support to each?

g. To what extent does your organization conduct activities which would otherwise be carried out by the supported organization(s)? For any such activities, please explain your organization’s reasoning as to why such activities would otherwise be carried on by the supported organization.

Part D – Foundations and Trusts (continued)

3. Grants and contributions to organizations and individuals (including scholarships) paid or approved for future payment during the next fiscal year:

| Recipient's Name and Address (home or business) | If recipient is an individual, show any relationship to any manager of or substantial contributor to your organization. | Concise statement of purpose of grant or contribution | Amount |
|--|--|--|--------|
| a. Paid during year | | | |

TOTAL

| | | | |
|--------------------------------|--|--|--|
| b. Approved for future payment | | | |
|--------------------------------|--|--|--|

TOTAL

4. Does the organization now award scholarships or plan to award them in the future? Yes No If yes,

a. What criteria are or will be used for selecting recipients, including the rules of eligibility?

b. Who selects or will select recipients?

c. If awards are or will be made directly to individuals, is information required or will it be required assuring that the student remains in school? Yes No

d. Are awards made or will they be made to recipients of a particular class (for example, to children of employees of a particular employer)? Yes No

If yes, describe the class(es) of recipients and conditions attached to the award.

Part E – Religious organizations

1. Is the organization a church, synagogue or similar establishment? Yes No

2. Is the organization an association or convention of churches? Yes No

3. Is the organization a religious order? Yes No

IF YES ANSWERED TO ANY OF THE ABOVE QUESTIONS, SKIP TO QUESTION 6.

Part E – Religious organizations

4. Is the organization an integrated auxiliary of a church? _____ Yes _____ No
If yes, (a) Name and addresses of a church:

(b) Type of integrated auxiliary:

- | | |
|---|-----------------------|
| _____ Theological seminary or other religious school | _____ Mission society |
| _____ Men's or women's organization | _____ Youth group |

5. Is the organization a religious organization other than those described in Questions 1-4 above? _____ Yes _____ No
If yes, describe the organization and its members.

6. Describe the organization's belief, creed or doctrine.

7. Describe the organization's form of worship, rituals and practices.

8. Describe the organization's places of worship and the type and schedule of religious services conducted.

9. Describe the organization's congregation (state the number of members and indicate the percentage of members that are associated with another denomination).

10. Describe the organization's ecclesiastical government.

11. Describe the organization's ministers (state the number of ministers, the procedure by which they are ordained and the courses of study they must complete before they are ordained, the organization of ministers, and the schools that the organization has to prepare its ministers).

12. Describe the program that the organization has for the religious instruction of the young.

Part F – Charitable organizations that are not foundations or trusts

1a. Name and addresses of organization(s) supported by your organization.

b. What portion of your organization’s income does your organization pay to each supported organization and how significant is such support to each?

2. Grants and contributions to organizations and individuals (including scholarships) paid or approved for future payment during the last fiscal year:

| Recipient’s Name and Address (home or business) | If recipient is an individual show any relationship to any manager of or substantial contributor to your organization. | Concise statement of purpose of grant or contribution | Amount |
|--|---|--|--------|
| a. Paid during year | | | |

TOTAL

| | | | |
|--------------------------------|--|--|--|
| b. Approved for future payment | | | |
|--------------------------------|--|--|--|

TOTAL

Part F – Charitable organizations that are not foundations or trusts (continued)

3. Does the organization now award scholarships or plan to award them in the future? Yes No

If yes:

a. What criteria are or will be used for selecting recipients, including the rules of eligibility?

b. Who selects or will select recipients?

c. If awards are or will be made directly to individuals, is information required or will it be required assuring that the student remains in school? Yes No

d. Are awards made or will they be made to recipients of a particular class (for example, to children of employees of a particular employer)? Yes No

If yes, describe the class(es) of recipients and conditions attached to the award.

Part C – Hospital organizations

1a. Which general type(s) of service does or will the organization provide?

- Diagnosis and treatment of physical disabilities
- Diagnosis and treatment of mental disabilities
- Nursing home care

b. Describe the specialized service(s) provided or to be provided.

2a. Does or will the organization provide inpatient services? Yes No

If no, skip to Question 3. If yes:

- b. Number of beds:
- (1) Total
 - (2) Physical treatment
 - (3) Mental treatment
 - (4) Nursing home

c. Does or will the organization provide 24-hour patient services? Yes No

If no, please explain.

d. Does or will the organization have an organized medical staff of licensed doctors of medicine and licensed nurses? Yes No

If yes:

- (1) Number of doctors
- (2) Number of nurses

e. Does or will the organization have a courtesy medical staff (i.e. allow doctors who are not formally affiliated with the organization to treat their patients in the organization's facilities)? Yes No

If yes:

- (1) Number of doctors on courtesy staff
- (2) Does or will the courtesy staff include all the doctors in the community? Yes No
If no, give the reasons why not, and explain how the courtesy staff is or will be selected.

f. Does or will the organization provide emergency services to the general public? Yes No

If yes:

- (1) Does or will the organization maintain a full-time emergency room? Yes No
- (2) What is the organization's policy as to administering emergency services to persons without apparent means to pay?

g. Does or will the organization have any arrangements with police, fire and voluntary ambulance services as to the delivery or admission of emergency cases? Yes No

If yes, please explain the arrangements.

Part G – Hospital organizations (continued)

3. Describe the organization's existing or planned outpatient services, including the number and type of patients served and the size and composition of the medical staff.

4. Does the organization have bylaws, rules and regulations pertaining to standards of medical care and service rendered by its medical staff? Yes No

5. Does or will the organization maintain records for all patients? Yes No

6. Is it or will it be a requirement that every patient be under the care of a member of the medical staff? Yes No

7. Does or will the organization carry on a program of medical training and research? Yes No
If yes, please describe.

8. Does or will the organization admit persons covered by Medicare or Medicaid? Yes No

If yes:

(a) Does or will the organization require a deposit from persons covered by Medicare or Medicaid in its admission practices? Yes No
If yes, please explain.

b. If a deposit is or will be required from persons covered by Medicare or Medicaid, does or will the same deposit requirement apply to all other patients? Yes No
If no, please explain.

9. Does or will the organization provide for a portion of its services and facilities to be used for charity patients? Yes No

Please explain (include data as to the organization's past experience admitting charity patients and arrangements it may have with municipal or government agencies for absorbing the cost of such care).

Part H – Education Organizations

1. Is the organization a school? Yes No
If no, skip to Question 2, If yes:

a. What type of school is it? Primary Secondary College or University
 Other (specify) _____

b. Describe the school's courses of study and degrees conferred (if any).

c. Give number of: (1) Faculty members _____
(2) Full-time students _____
(3) Part-time students _____

d. Describe the nature of the scholarships and student aid, awarded to students, including the terms and conditions governing the use of these funds and the amount thereof. If the school has established or will establish several categories of scholarships, identify each category and explain how the school determines the recipients for each category.

2. Is the organization one whose activities consist of conducting public discussion groups, forums, panels, lectures or other similar programs? Yes No
If yes, describe the program(s) in detail, including any fees charged.

3. Is the organization one that presents a course of instruction by means of correspondence or through the use of television or radio? Yes No
If yes, describe the program(s) in detail, including, any fees charged.

4. If the organization is not one described in Questions 1, 2 or 3, what type of organization is it? Describe the activities of the organization in detail, including any fees charged.

Part I – Homes for the aged

1. What are the requirements for admission to residency?

2. Does or will the home charge an entrance or Founder's Fee? _____ Yes _____ No
If yes, please explain.

3. What periodic fees or maintenance charges are or will be required of residents?

4a. What established policy does the home have concerning residents who become unable to pay their regular charges?

b. What arrangements does the home have or will it make with local and Federal welfare units, sponsoring organizations, or others to absorb all or part of the cost of maintaining such persons?

5. What arrangements does or will the home have to provide for the health needs of its residents?

6. In what way are the home's residential facilities designed to meet some combination of the physical, emotional, recreational, social, religious and similar needs of the aged?

7. Has the home established or will it establish any reserves for future expenditures? _____ Yes _____ No
If yes, please state the source of such reserves and explain how they will be used.

8. Attach a sample copy of the contract or agreement that the home makes with or requires of its residents.

Verification

State of New York)

County of)ss:
)

_____, being duly sworn says: that ___he is the
_____ of the applicant organization, that the statements contained in this application
(including the attached sheets consisting of _____ pages) are true, correct and complete, and that ___he
makes this application for real property tax exemption as provided by law.

Signature of owner or authorized representative

Subscribed and sworn to me before
this _____ day of _____ 20_____

Commissioner of deeds or notary public