

# St. Tammany Parish Assessor's Office

Louis Fitzmorris Assessor

St. Tammany Parish Justice Center 701 North Columbia Street • Covington, Louisiana 70433

RE:	ASSESSMENT NO	•
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Dear Property Owner:

Our office has received your "tax exempt status" request on behalf of your organization. In order to consider your request, please submit copies of all of your organization's following documents to our office:

- 1. Certificate of Incorporation, Non-profit status, filed with the Louisiana Secretary of State.
- 2. Articles of Incorporation, filed with the Louisiana Secretary of State.
- 3. Non-profit Internal Revenue Code application filed with the Internal Revenue Service (i.e. form 1023 for an IRC (c)(3) Exempt Organization or Form 1024 for an IRC 509(a)(1) Private Foundation).
- 4. Detailed approval letter from IRS on behalf of your organization's application Listed in No. 3 above.

Once this information has been received and received and reviewed, we will advise your Organization as to whether or not it qualifies for ad valorem exemption status.



### APPLICATION FOR EXEMPTION - REAL ESTATE TAXES

### Part I - Organization Eligibility

L.	a.	Name of Organization:
	ъ.	Address of Property to be Exempted:
	c.	Mailing Address:
	d.	Contact Person: Telephone Number:
2.	in ar fr	Purpose for which exemption is being sought: (The Louisiana State Constitution, Article 7 Section 21: (B) (1)(a) Property owned by a nonprofit corporation or association organized to operated exclusively for religious, dedicated places of burial, charitable, health, welfare, ternal, or educational purposes, no part of the net earnings of which inure to the benefit of a private shareholder or member thereof and which is declared to be exempt from federal or the income tax; and
	he si co ai co oi he	(1)(b) property leased to such a nonprofit corporation or association for use solely as using for homeless persons, as defined by regulation adopted by the tax commission or its eccessor provided that the term of such lease shall be for at least five years, that as a addition of entering into the lease the property be in compliance with all applicable health a sanitation codes for use as housing for homeless persons, that the lease shall provide that impensation to be paid the lessor shall not exceed one dollar per year, and that such contract lease shall recite that the property shall be used exclusively for the purpose of housing the meless, and further provided that at such time as the property is no longer used solely as using for homeless persons, the property shall no longer be exempt from taxation;
	(J	(2) property of a bona fide labor organization representing its members or affiliates in

(B)(3) property of an organization such as a lodge or club organized for charitable and

fraternal purposes and practicing the same, and property of a nonprofit corporation devoted to

promoting trade, travel, and commerce, and also property of a trade, business, industry or professional society or association, if that property is owned by a nonprofit corporation or or association organized under the laws of this state for such purposes.

collective bargaining efforts; and

	association.
	Category: (and check below)
	21(B)(l)a 21(B)(1)(b) 21(B)(2) 21(B)(3)
3.	Is the organization exempt from Federal income tax?YesNo
	If Yes, was the exemption recognized by:  Group Exemption Letter  Separate Exemption Letter
	PLEASE ATTACH COPY OF DETERMINATION OR RULING LETTER
	PLEASE ATTACH COPY OF IRS FORM 990-T (Exempt Organization Business Income Tax Form for last fiscal year)
4.	Is the Organization incorporated?YesNo
	PLEASE ATTACH CURRENT ARTICLES OF INCORPORATION (Note: If a dissolution provision is not included in the articles, please attach a statement describing how assets would be distributed should the organization dissolve.)
	PLEASE ATTACH STATE OF LOUISIANA NON-PROFIT CERTIFICATION
5.	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, please explain in detail.
6	Does or will your organization lease any portion of the property to another organization? YesNo
	If Yes: a. Is the lease full time?YesNo
	b. Is the property leased only for special occasions? Yes No

None of the property listed in Paragraph (B) shall be exempt if owned, operated, leased, or used for commercial purposes unrelated to the exempt purposes of the corporation or

#### Part II - Property Use and Organizational Purpose

All organizations must complete Sections A and B. Based on the organizational purpose checked in question 2a on page l, please complete the additional sections of this form as follows:

Section C
Section D
Section E
Section F
Section G
Section G
Section H
Section I
Section I
Section I
Religious Organization
Charitable Organization
Section G
Fraternal Organization
Educational Organization
Mardi Gras/Carnival Organization
Health Organization
Dedicated Places of Burial

#### SECTION A ACTIVITIES AND OPERATIONS

Please attach a statement of activities and operations that justified the organization's eligibility for exemption under one of the exempt purposes listed above. Describe in detail the specific purposes for which the organization was formed, the activities presently being conducted and, if applicable, proposed activities. If the organization is not yet fully operational, explain its stage of development and the target date for it to become fully operational. Identify the services performed and to be performed. Include specific information to specifically link these activities to the exempt purpose of the organization.

#### SECTION B PROPERTY USE

2. 3.	Has any part of this property been conveyed to another person or organization? Is the property or any part under contract for sale? Is the property or any part thereof for sale? Is the property or any part thereof being leased?	Yes Yes	No
Fo	or all questions answered by Yes, please explain:		
 5.	Is the property or any portion regularly occupied by persons or organizations of applicant?	ner than t	
If	Yes: Terms of Occupancy		
	Amount of rent paid by occupant		
6.	Is the property or any portion occasionally used by persons or organizations oth applicant?	er than t	

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7. `	What benefits, services or products does or will the organization provide?
	Are the recipients required or will they be required to pay for the organization benefits, services or products?
	Does or will the organization limit its benefits, services or products to specific classes of individuals?YesN
	If Yes, please explain how the recipients or beneficiaries are or will be selected:
SE	CCTION C RELIGIOUS ORGANIZATIONS
ex be	e Louisiana State Constitution, Article 7 in Section 21, extends exemptions to properties used clusively for religious purposes provided that no part of net earning generated inure to the nefit of any private shareholder. The exemption extends primarily to property used for public orship purposes. Residences of clergymen are eligible for exemption when used as a
par hel	rsonage. A religious organization may not lease property for commercial gain. Vacant land d for undisclosed purposes may not be eligible for exemption. Failure to bring any non-ated use of exempt property to the attention of your local assessor promptly could result in vocation of exemption eligibility.
hel rel rev	d for undisclosed purposes may not be eligible for exemption. Failure to bring any non- ated use of exempt property to the attention of your local assessor promptly could result in
par hel rel rev	Id for undisclosed purposes may not be eligible for exemption. Failure to bring any non- ated use of exempt property to the attention of your local assessor promptly could result in vocation of exemption eligibility.

	If Yes, name and address of church:
•	Type of auxiliary:  Theological seminary of other religious school  Men's or women's organization  Mission society/Social services facility  Youth Group  Health care facility  Housing for the handicapped or elderly
5.	Is the organization a religious organization other than those described above? Yes No
	If Yes, describe the organization and its members:
	Is your organization the only entity using this property?YesNo
	If No, explain leasing or time-share arrangements:
6.	
6.	Please describe any income generating or non-related activities involving the property for
	Please describe any income generating or non-related activities involving the property for which the exemption is being sought:
	Please describe any income generating or non-related activities involving the property for which the exemption is being sought:  Has your organization ever applied for a license to conduct "games of chance" under LSA-
7.	Please describe any income generating or non-related activities involving the property for which the exemption is being sought:  Has your organization ever applied for a license to conduct "games of chance" under LSA-R.S. 33:4861?  Yes_No  If Yes, please attach a copy of the most recent application and how the funds have been used
7. SH	Please describe any income generating or non-related activities involving the property for which the exemption is being sought:  Has your organization ever applied for a license to conduct "games of chance" under LSA-R.S. 33:4861?  Yes No  If Yes, please attach a copy of the most recent application and how the funds have been used and will be used.

. . . .

3.	Describe the organization's target population and how the services are provided:
4.	Does the organization charge a fee for the service? YesNo
	If Yes, how are monies used?
SI	ECTION E FRATERNAL ORGANIZATION
1.	Describe the charitable or public mission of your fraternal organization:
2.	Is the property being used for private, social or recreational purposes? Yes No
3.	Does the organization generate commercial income by leasing the property to individuals or other organizations? Yes No
	If Yes, how are the monies used?
4.	Is the organization applying for a partial exemption on the property based on the percentage of time the property is used for the organization's charitable mission? Yes No
S	ECTION F EDUCATIONAL ORGANIZATION
pr	ease list all property owned by the educational institution. The list should indicate whether the operty is vacant and/or being held for future use. The list should be attached to this oplication.

## SECTION G MARDI GRAS/CARNIVAL ORGANIZATION

1.	How is the property being used?
	Does the organization provide charitable or educational services for the public? Yes No  If Yes, please describe the services and the target population:
	Does the organization have a permit to parade from a parish or municipal governing authority?YesNo
Thex sh	ne Louisiana State Constitution, Article 7 in Section 21, extends exemptions to properties used acclusively for "health" purposes provided that no net benefit inures to the benefit of any private archolder. Eligibility for the health exemption is contingent upon the provision of "free" or charitable" services to the indigent. Provision of government sponsored or government manced healthcare programs such as Medicare or Medicaid is not a sufficient criterion for temption eligibility.
1.	Is your organization the only occupant of the property? YesNo  If No, please explain:
2.	Which type(s) of general services does or will the organization provide?  Diagnosis and treatment of physical disabilities Diagnosis and treatment of mental disabilities Nursing home care

	Describe the organization's existing or planned outpatient services, including the number and type of patients served:
4.	Does or will the organization provide for a portion of its services and facilities to be used by patients regardless of ability to pay?  YesNo
5.	Does the hospital or health care facility own and operate commercial parking facilities? YesNo
	Percentage of property used for parking%
6.	Does the hospital or health care facility own and rent any portion of this property to medical professionals?YesNo
	Percentage of property used for commercial use%
7.	Does the hospital or health care facility provide a salary to its physicians? Yes No
8.	Do the physicians affiliated with the hospital or health care facility share in the distribution of the profits? YesNo
-	Does or will the hospital or health care facility admit persons covered by Medicare or Yes No
	If Yes, please explain and include what percentage of revenue is derived from these:
S	ECTION I DEDICATED PLACES OF BURIAL
1.	Does the organization own the land?  Yes No.
	If No, please explain:
2.	Does the organization have a contractual arrangement with another entity to manage the place of burial?  Yes No.
3.	Does the organization own the buildings contained on the property?  Yes No.
	If No, who owns the buildings?