

Property Tax
Form 50-128

| Appraisal District's Name | Phone (area code and number) |
|--|--|
| Address, City, State, ZIP Code | |
| GENERAL INSTRUCTIONS: This application is for use in claiming property tax exemptions pursuant to you owned on January 1 of this year or acquired during this year. You must furnish all information and do | |
| APPLICATION DEADLINES: You must file the completed application with all required documentation bet year for which you are requesting an exemption. If you acquired the property after January 1 of this year you must apply before the first anniversary of the date you acquired the property, or before the first anniv January 1. | tween January 1 and no later than April 30 of the and wish to qualify for the exemption this year, |
| ANNUAL APPLICATION REQUIRED: You must apply for this exemption each year you claim entitlement call center development or county fair association. | t to the exemption, except for exemption as a medi- |
| For exemption as a medical center development or a county fair association, you do not need to reapply requires you to do so, or if you want the exemption to apply to property not listed in this application. You r your right to this exemption ends. Return the completed form to the address above. | |
| OTHER IMPORTANT INFORMATION | |
| Pursuant to Tax Code §11.45, after considering this application and all relevant information, the chief applyou. You must provide the additional information within 30 days of the request or the application is denied extend the deadline for furnishing the additional information by written order for a single period not to exceed the content of the con | d. For good cause shown, the chief appraiser may |
| STEP 1: State the Year for Which You are Seeking an Exemption | |
| State the year for which you are seeking an exemption STEP 2: Provide Name and Mailing Address of Property Owner and Identity of Person I | Preparing Application |
| Name of Property Owner | |
| Mailing Address | |
| City, State, ZIP Code | Phone (area code and number) |
| Property Owner is a(n) (check one): | |
| Individual Partnership Corporation Other (specify): | |
| Name of Person Preparing this Application Title | Driver's License, Personal I.D. Certificate, |
| If this application is for an exemption from ad valorem taxation of property owned by a charitable organization with a federal tax identification number, that number may be provided here in lieu of a driver's license number, personal identification certificate number, or social security number: | or Social Security Number* |
| * Unless the applicant is a charitable organization with a federal tax identification number, the applicant' certificate number, or social security account number is required. Pursuant to Tax Code Section 11.48(tion certificate number, or social security account number provided in an application for an exemption open to public inspection. The information may not be disclosed to anyone other than an employee of as authorized by Tax Code Section 11.48(b). If the applicant is a charitable organization with a federal vide the organization's federal tax identification number in lieu of a driver's license number, personal ic | a), a driver's license number, personal identifica- filed with a chief appraiser is confidential and not the appraisal office who appraises property, except tax identification number, the applicant may pro- |

account number.



| STEP 3: Check Type of Exemption Requested | | | | | | | | | |
|--|--|-------|--|--|--|--|--|--|--|
| Federation of Women's Clubs Medical Center Development County Fair Association | | | | | | | | | |
| Nature Conservancy of Texas Community Service Club Medical Center Developmen | Community Service Club Medical Center Development in Populous Counties | | | | | | | | |
| Congress of Parents and Teachers Scientific Research Organization | | | | | | | | | |
| Private Enterprise Demonstration Association Veterans' Organization | | | | | | | | | |
| STEP 4: Answer these questions about the organization. All applicants answer these questions. | | | | | | | | | |
| What is the organization's purpose? | | | | | | | | | |
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| Describe the organization's activities. (Attach additional sheets if necessary.) | | | | | | | | | |
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| Explain how the organization's activities relieve a burden or duty of the state or community. (Attach additional sheets if necessary.) | | | | | | | | | |
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| Is the organization affiliated with a state or national organization? | Yes | No | | | | | | | |
| Is membership in the organization open to anyone, regardless of race, religion or national origin? | Yes | No | | | | | | | |
| Explain how the organization's activities promote the physical, mental and spiritual development of young people, development of patriotism and love of country and interest in community affairs. (Attach additional sheets if necessary.) | | | | | | | | | |
| patriotism and love of ocurrity and interest in community andnes. (Attack, accuracy, and a received in | | | | | | | | | |
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| Attach a copy of the charter, bylaws or other documents adopted by the organization which govern its affairs, and answer the following questions. | | | | | | | | | |
| Is your organization chartered by the United States Congress? | Yes | No | | | | | | | |
| Do these documents pledge the organization's assets for use in performing the organization's charitable functions? | Yes | No No | | | | | | | |
| If "Yes" give the page and paragraph numbers Page Paragraph | | | | | | | | | |
| Do these documents require the organization to operate in a nonprofit manner? | Yes | No | | | | | | | |
| If "Yes" give the page and paragraph numbers Page Paragraph | | | | | | | | | |
| 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 | | | | | | | |
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| S | TEP 5: Complete if County Fair Association | | | | | | |
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| 1. | Does the association hold a license (issued after January 1, 2001) under the Texas Racing Act (Article 179e, Vernon's Texas Civil Statutes) to conduct a horse race meeting or a greyhound race meeting with pari-mutuel wagering? Yes No | | | | | | |
| 2. | Does the association use the land or a building to conduct a race meeting or greyhound race meeting with pari-mutuel wagering under a license issued after January 1, 2001? | | | | | | |
| 3. | Is the association a nonprofit corporation as defined by the Texas Non-Profit Corporation Act (Article 1396-1.01, et seq., Vernon's Texas Civil Statues)? | | | | | | |
| 4. | Is the association exempt from federal income taxes as an organization under Section 501(c)(3), (4), or (5), Internal Revenue Code of 1986, as amended? | | | | | | |
| 5. | Is the association qualified for an exemption from the franchise tax under Section 171.060, Texas Tax Code? Yes No. | | | | | | |
| S | TEP 6: Describe the Property for Which You are Seeking an Exemption | | | | | | |
| PF | OPERTY TO BE EXEMPT: | | | | | | |
| • | Attach one Schedule A (REAL PROPERTY) form for EACH parcel of real property to be exempt. | | | | | | |
| • | Attach one Schedule B (PERSONAL PROPERTY) form listing ALL personal property to be exempt. | | | | | | |
| • | List only property owned by the organization. | | | | | | |
| S | TEP 7: Read, Sign, and Date | | | | | | |
| • | By signing this application, you designate the property described in the attached Schedules A and B as the property against which the exemption checked on page 1 may be claimed in this appraisal district. | | | | | | |
| • | You certify that the information provided in this application is true and correct to the best of your knowledge and belief. | | | | | | |
| On | Behalf of (name of property owner) Date | | | | | | |
| si he | jn re ▶ | | | | | | |
| | Authorized Signature Title | | | | | | |
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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 Section 37.10, Penal 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. Name of Property Owner Appraisal District Account Number (if known) Legal description of property: Describe the primary use of this property: Is this property used exclusively for charitable purposes? Yes No Is this property held for gain, rented or used with a view to profit? Yes No Yes No No 5. Is this property located in a medical center area where the organization has donated land to the state for hospital Yes No If "YES," is the medical center development complete? Yes No Yes No A. If under construction, when will construction be completed? (date) _ B. If under physical preparation, check which activity the organization has done. (Check all that apply.) Architectural work Soil testina Site improvement work Engineering work Land clearing activities Environmental or land use study Is the incomplete improvement designed and intended to be used by a qualified person for a purpose described by Is the land on which the incomplete improvement is located necessary for the use of the improvement for a purpose named in Question 7 above? No List all other individuals and organizations that used this property in the past year, and give the requested information for each. **Dates Used** Rent Paid, If Any Name Activity

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.



Schedule B: Description of Personal Property

- List all tangible property to be exempt on this schedule.
- Attach all completed schedules to your application for exemption.

| Name of Property Owner | | | |
|--|----------|---------|------|
| Is this property reasonably necessary for operation of the association/organization? | | | No |
| Is this property held for gain? | | Yes | No |
| Is this property used exclusively for charitable purposes? | | Yes | No. |
| Is this property located in a medical center area where the organization has donated land for a state medical, dental or nursing school? | | | No |
| If "YES," is the medical center development complete? | | Yes Yes | □ No |
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Continue on additional sheets as needed.