



Application for Ambulatory Health Care Center Assistance Exemption

Property Tax
Form 50-282

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 Tax Code §11.183. This application covers property you owned on January 1 of this year or acquired during this year. You must furnish all information and documentation required by the application.

APPLICATION DEADLINES: You must file the completed application with all required documentation between January 1 and no later than April 30 of the year for which you are requesting an exemption. If you acquired 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.

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.

OTHER IMPORTANT INFORMATION

Pursuant to Tax Code §11.45, after considering this application and all relevant information, the chief appraiser may request additional information from you. You must provide the additional information within 30 days of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for furnishing the additional information by written order for a single period not to exceed 15 days.

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 Organization and Identity of Person Preparing Application

Name of Organization

Mailing Address

City, State, ZIP Code

Phone (area code and number)

Organization is a (check one):

partnership corporation other (specify): _____

Name of Person Preparing this Application

Title

Driver's License, Personal I.D., Certificate, or Social Security Number*

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: _____

* Unless the applicant is a charitable organization with a federal tax identification number, the applicant's driver's license number, personal identification certificate number, or social security account number is required. Pursuant to Tax Code Section 11.48(a), a driver's license number, personal identification certificate number, or social security account number provided in an application for an exemption filed with a chief appraiser is confidential and not open to public inspection. The information may not be disclosed to anyone other than an employee of the appraisal office who appraises property, except as authorized by Tax Code Section 11.48(b). If the applicant is a charitable organization with a federal tax identification number, the applicant may provide the organization's federal tax identification number in lieu of a driver's license number, personal identification certificate number, or social security account number.

STEP 3: Answer the Following Questions About the Organization

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 No
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 No
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 No
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 No
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 No
6. Does the association perform, or does its charter permit it to perform, any function other than ambulatory health care center assistance? Yes No
If "YES," attach a statement describing the other functions in detail.
7. 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

STEP 4: Answer these Questions About the Organization Bylaws or Charter

Attach a copy of the charter, bylaws or other documents adopted by the organization which govern its affairs, and answer the following questions.

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 No
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 No
If "YES," give the page and paragraph numbers. Page _____ Paragraph _____
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 No
If "YES," give the page and paragraph numbers. Page _____ Paragraph _____
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 No
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? Yes No

STEP 5: Describe the Property for Which You are Seeking an Exemption

- PROPERTY 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.

STEP 6: 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 for ambulatory health care center assistance associations may be claimed in the appraisal district.
By signing this application, 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 organization) _____ Date _____

sign here ▶ Authorized Signature _____ Title _____

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.

