



Phelps County Assessor

Phelps County Courthouse
200 North Main Street, Suite 126
Rolla, Missouri 65401
Phone: (573) 458-6135
Fax: (573) 458-6149
Email: realestate@phelpscounty.org

Greetings Property Owner (or authorized agent):

The Phelps County Assessor's Office has received a request that indicates this organization has inquired about the possibility of being considered as exempt or partially exempt from Real and/or Personal Property taxes for this year. To be considered for exempt status, please provide the information listed below.

Please include the following documents with your request.

1. A completed copy of the application enclosed with this letter.
2. A copy of your charter and/or bylaws of the organization.
3. A list of charitable activities and donations that the non-profit/not-for-profit organization participates in.
4. A list of all employees, physicians or assistants employed by the non-profit/not-for-profit organization.
5. A copy of your IRS code exemption 501 (c).
6. A list of all lease companies of those whom you lease equipment from. Include a name and mailing address for each.
7. A list of private individuals leasing space or equipment from your organization.
8. A copy of your non-profit/not-for-profit corporation certificate from the State of Missouri. (Not the sales tax letter)
9. A letter requesting ad valorem tax exempt classification and acknowledgment that if any portion of the business operation changes, the County Assessor's Office will be notified.

If you have any questions, please feel free to call me at (573) 458-6135 or email me at realestate@phelpscounty.org. Thank you for your patience concerning this matter.

Sincerely,

Phelps County Assessor

14. If you are a charity, please state the following:

- a. Who benefits from the work of your organization? _____

- b. What benefits are provided to recipients? _____

- c. Are benefits limited to a certain group, and if so, to whom? _____

- d. Are benefits excluded from any group on the basis of race, religion, age, sex, geographic boundary or ethnic background? Yes ___ No ___
- e. Are any benefits provided free for those who cannot afford them? Yes ___ No ___

15. Is any portion of this property leased, rented or used to produce any income? Yes _____ No _____

- a. If so, from what source? (e.g. rentals, leases, fees for services): _____

- b. Does the applicant receive any income other than donations in connection with this property? Yes ___ No ___
If so, for what is this income used? _____
- c. Is any of this property used for the operation of a business? Yes ___ No ___

NOTE: If the answer to question 15 is "Yes", please give details on a separate sheet or sheets. Please include profit and loss statements, a detailed list of funding sources and an explanation of how income is used.

16. Is any part of this property used as a residence? Yes ___ No ___

- a. If yes, please provide the following:
 - i. Connection of the resident(s) with this property
 - ii. Duties of resident(s) with respect to this property
 - iii. Schedule of rents charged or other financial arrangements for residency upon this property

17. Is the owner exempt from federal income tax? Yes _____ No _____

18. Is the owner of said property incorporated as a not-for-profit corporation under the laws of the State of Missouri? Yes ___ No ___

19. Does the organization or any stockholder, officer, member or employee receive or is lawfully entitled to receive any pecuniary profit from the operations of this property? Yes ___ No ___

20. Purchase price and date of purchase: \$ _____ Date _____ / _____ / _____

21. The applicant **MUST** submit the following documents:

- a. A copy of the Articles of Incorporation, if incorporated, and a copy of the organization's constitution, regulations and/or by-laws
- b. A list of all officers, directors, trustees, shareholders, employees, etc. of the organization
- c. An income and expense statement of the organization for the current and preceding year
- d. If this property is used as a residence, a detailed income and expense statement, qualifications for residency and current rental schedules
- e. Failure to furnish all necessary information will result in the failure of your application to be processed

22. Please state any other factor which you believe should be considered in determining whether your property is exempt. _____

23. Does the applicant understand that it is the obligation of the Phelps County Assessor to report any change in the use of said property that may affect the exempt status? Yes ____ No ____

I, the applicant, authorized signatory and/or authorized agent of the applicant, do hereby certify that the foregoing statements are true and correct to the best of my/our knowledge.

Name of Organization: _____

Signature: x _____

Name of signatory: _____

Title of signatory: _____

Mailing address: _____

Phone number: _____

Fax number: _____

Email address: _____

Sworn to and subscribed before a Notary this ____ day of _____, 20____, before me, _____
_____ (print name of notary public), a notary public.

Notary Public

My Commission Expires: _____

(Notary Seal) or Rubber Stamp Seal: