

Applicant Name: _____

Docket No.: _____

**Addition to Exemption Application
Hospitals, Adult Care Homes, Children's Homes, etc.
K.S.A. 79-201b**

1. Name of organization.

2. Name and address of related organization(s).

3. Type of hospital or home operated, e.g. psychiatric hospital, private children's home, etc.

4. Is the organization currently licensed to operate a hospital, private children's home, etc.?
____ No ____ Yes
If yes, how many beds does the organization operate? _____
If a hospital, what types of services are offered and what hours are the services offered?

5. Does the organization charge an entrance fee? ____ No ____ Yes If yes, what is the policy for this fee (i.e., premature death, a resident leaves the home, etc.?)

6. How does the organization handle those who are no longer able to pay for its services?

7. Does the organization accept Medicaid recipients? If so, how many?

8. List all sources of funding for the organization.

9. If the organization operates cooperative housing pursuant to Sections 236 or 221(d)(3), or both, of the National Housing Act, list all Federal funding sources.

Enclose:

- a. A copy of the IRS designation letter showing exemption pursuant to I.R.C. §501(c)(3).
- b. A copy of the Articles of Incorporation and Bylaws if organization is organized not-for-profit.
- c. A copy of the Certificate of Good Standing issued by the Secretary of State demonstrating that the organization is currently active and in good standing.
- d. A copy of the license issued by the proper licensing authority if applicable.

and

Enclose: a copy of one of the following, unless the corporation is a hospital or a psychiatric hospital:

- a. The organization's last three years audited financial statements, unless the organization is a hospital or a psychiatric hospital,
- b. A statement from a qualified professional that the organization charges fees for services which produce an amount which in the aggregate is less than the actual cost of operation of the home, or
- c. A statement from a qualified professional that the services are provided at the lowest feasible cost taking into consideration such items as reasonable depreciation, interest on indebtedness, acquisition costs and contributions to the organization are deductible under the Kansas Income Tax Act.

VERIFICATION

I, _____, do solemnly swear or affirm that the information set forth herein is true and correct, to the best of my knowledge and belief. So help me God.

Signature of Applicant

Printed Name and Title

State of _____)
County of _____)

This instrument was acknowledged before me on _____ by _____.

Seal _____
Signature of Notary Public

My appointment expires: _____