



# AD VALOREM TAX EXEMPTION APPLICATION AND RETURN

Application # \_\_\_\_\_

DR-504  
R. 11/01  
TC

Sections 196.195, 196.196, 196.197, 196.198, 196.2001, 196.2002, Florida Statutes

For use of organizations applying for exempt status under Chapter 196, Florida Statutes, which are organized and operated for one or more of the following purposes: (Check one or more.)

- Religious  
  Literary  
  Charitable  
  Scientific  
  Sewer Water/Wastewater Systems  
  Education  
 Hospitals, nursing homes, and homes for special services  
  Other: \_\_\_\_\_

## A. General Information

|                      |  |  |  |
|----------------------|--|--|--|
| Name of organization |  |  |  |
|----------------------|--|--|--|

|                 |  |                                   |  |
|-----------------|--|-----------------------------------|--|
| Mailing address |  | Address of property, if different |  |
|-----------------|--|-----------------------------------|--|

|                |  |                                  |  |
|----------------|--|----------------------------------|--|
| Business phone |  | County where property is located |  |
|----------------|--|----------------------------------|--|

List all owners of the property and their proportionate interest

|  |   |  |   |
|--|---|--|---|
|  | % |  | % |
|  | % |  | % |

Legal description or parcel ID

1. Is the organization incorporated?  yes  no

If yes, is the organization exempt from federal income tax under

501(c) (3), I.R.C.                     
  501(c) (12), I.R.C., Water, Wastewater Systems, 196.2002, F.S.  
 115 (a), I.R.C. of 1954, Sewer and Water, 196.2001, F.S.

Provide a copy of the current exemption determination letter from the Internal Revenue Service.

If no, what is the form of organization?

2. Is any of this property rented or leased?  yes  no

If yes, attach a copy of all active rental and/or lease contracts for last year.

|                                     |                            |  |
|-------------------------------------|----------------------------|--|
| 3. Owner's statement of full value: | Real property              |  |
|                                     | Real property improvements |  |
|                                     | Tangible personal property |  |

4. What is the property used for?

5. Is any portion of the above-described property used for non-exempt purposes?  Yes  No

If yes, attach a detailed explanation.

|   |   |
|---|---|
| <b>B. Hospitals, Nursing Homes, and Homes for Special Services</b>                                    | Organizations filing for exemption under any of these categories must include the following information, in addition to completing Sections A & C |
| 1. Did you possess a valid license under Chapter 395 or 400, Florida Statutes, on Jan 1 of this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 2. Have you qualified under Section 501(c)(3), United States Internal Revenue Code 1954?              | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

|                       |   |
|-----------------------|---|
| <b>C. Attachments</b> | You must attach the following information except when applying for exemption as an educational institution. |
|-----------------------|---|

1. If incorporated – a copy of your articles of incorporation, or  
If not incorporated – a copy of your constitution, articles of association, declaration of trust, or other document setting your aims and purposes. Include any amendments.
2. A statement indicating the salaries, fees, loans, commissions, gratuities, or other compensation of any officer, director, trustee, member, or stockholder of this organization.
3. A statement indicating the guarantee of any loan to or obligation of any officer, director, trustee, member, or stockholder of this organization.
4. Any contracts between the applicant and any officer, director, trustee, member, or stockholder of the applicant pertaining to:
  - a. rendition of service
  - b. provision of goods or supplies
  - c. the management of the applicant
  - d. the construction or renovation of the applicant
5. A schedule of the following:
  - a. salaries for the operation of the applicant
  - b. services rendered to the applicant
  - c. supplies and materials used by the applicant
  - d. reserves for repair, replacement, and depreciation of the property of the applicant
  - e. mortgage, lien, and encumbrance payments for the property of the applicant
6. A statement indicating the charges made by the applicant for its services.
7. A statement indicating to what degree the proceeds of the sale, lease, or other disposition of the applicant's property will inure to the benefit of the members, directors, or officers of the applicant.

I certify all information on this form and any attached statements, schedules, etc., are true and correct to the best of my knowledge as of January 1 of this year.

\_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date

- WHO MUST FILE?** Any religious, literary, charitable, scientific organizations, hospitals, nursing homes, homes for special services; sewer, waste, wastewater systems not-for-profit corporations.
- WHERE TO FILE?** The application return must be filed with the county property appraiser in the respective county where the property is located.
- WHEN TO FILE?** Application or return must be filed each year on or before March 1.
- ATTACHMENTS:** Every attachment must show the name and address of the organization, the date, an identifiable heading, and that it is an attachment to Form DR-504.

Every organization applying or returning for exemption must complete Section A.  
Hospitals, nursing homes, and homes for special services must complete Section B in addition to A and C.  
Every organization, except educational institutions, must attach the information required in Section C.