

Applicant Name: \_\_\_\_\_

Docket No. \_\_\_\_\_

**Addition to Exemption Application  
Humanitarian Service Provider  
K.S.A. 79-201 Ninth**

1. Name of the community service organization.  
\_\_\_\_\_
  
2. Name and address of related organizations.  
\_\_\_\_\_
  
3. Are the directors compensated for the service as directors?  
\_\_\_\_No      \_\_\_\_Yes      If yes, indicate the nature of the compensation.  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Do any of the members, officers, or directors have a financial interest in the property?  
\_\_\_\_No      \_\_\_\_Yes
  
5. What service or services are being offered to the community?  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Is there a demonstrated need for these services to the general public? How did you determine that the services were needed in your community or area?
  - (a) Why is this service needed, i.e., how will the general public benefit from the service?
  
  - (b) Do the services provided meet this need?
  
  - (c) Do you provide services to the general public or to a specific class of beneficiaries?
  
  - (d) Are there commercial businesses or other organizations in the community that offer services similar to those at issue? If so, list.
  
  - (e) Will the service have a positive influence on the community? Please explain.
  
  - (f) Submit a letter provided by community leaders, elected officials, or state agencies evidencing that there is a community need for this service.

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.

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: \_\_\_\_\_