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.

Revised 5/07
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: _________________