For Office Use Only Name of applicant		Assessment year		pproved	OD NOCO	
Assessor's signature				enied	CR-NCSO	
Provide of qual sommular at least ommular at least ommular applications.	colication for Class (anizations) es for special classification of qualify ify for the special classification, the law rast equal to the previous year' property to inity meetings or events at no charge as at ions are due by May 1, for taxes part read instructions before completing	ring non-profit community service equires that the organization must reases (excluding state general tax) and appropriate to the size of the facility syable the following year.	e organizations make annual charitable contr d that the organization must	ibutions and donation	s in an amount that	
	Name of Organization	Name of Organization				
	Person Submitting Application Name	Title		Phone Numbe	r	
Type or Print	Address of Organization (cannot be a P.O. Box number)					
Type	City	State	Zip Code	County		
Check All That Apply	Check all boxes that apply. You must attach a copy of the previous year's property tax statement. You must also attach copies of your Form Schedule C as documentation of the organization's charitable donations. (See instructions) I certify that this property is not used for residential purposes on either a temporary or permanent basis. Yes No					
	I certify that the organization listed above is exempt from federal income taxation pursuant to section 501(c)(3), (8), (10), or (19) of the Internal Revenue Code of 1986 as amended. Yes No I certify that the organization allows the facility to be used for public and community meetings or events at no charge. Yes No					
	Since some organizations operate on a fiscal year basis that does not coincide with the calendar year, please list the amount of charitable contributions for the last year below. Please attach documentation of these donations (Form Schedule C). \$ total donations for period from most recent 12-month record-keeping period (may be either fiscal year or calendar year.)					
	Please specify MonthY	ear to Month	Year	·		
	Please list the total amount of yo from your Property Tax Statemen		ecial assessments)		\$()	
	(Less) the total amount of the state general tax from your Property Tax Statement Equals: Net property tax excluding special assessments and state general tax: \$					
	Signature of owner or authorized representative					
Sign Here	By signing below, I certify that the information on this form is true and correct to the best of my knowledge, and I am the owner of the property or authorized representative of the organization that owns the property for which classification as 4c(3)(ii) is being claimed.					
Sign	Signature of Applicant	Title	Date	e Dayti	me Phone	

Please return completed application and required attachments to your county assessor.

2013 Form Class 4c(3)(ii) - Non-Profit Community Service Instructions

Who is Eligible

Property may qualify for class 4c(3)(ii) and the corresponding class rate if it is owned by a "nonprofit community service oriented organization," is not used for residential purposes on either a temporary or permanent basis, and:

The organization makes annual charitable contributions and donations at least equal to the property's previous year's property taxes (excluding the state general tax) and the property is allowed to be used for public and community meetings or events free of charge.

A "nonprofit community service oriented organization" is any corporation, society, association, foundation, or institution organized and operated exclusively for charitable, religious, fraternal, civic, or educational purposes, and which is exempt from federal income taxation pursuant to section 501(c)(3), (8), (10), or (19) of the Internal Revenue Code of 1986, as amended through December 31, 1990.

How to Apply

Complete the entire application fully and legibly. Mail the application and required attachments to your county assessor by May. Applications must be completed annually.

Required Attachments

You must attach to the application a copy of the property's previous year's property tax statement. You must also provide documentation of that same year's charitable contributions and donations by attaching a Form Schedule C to the application. At a minimum, you must provide copies of the Form Schedule C's that are used to demonstrate that the organization's charitable contribution amount is equal to the property's previous year's property tax. For example, if it took three months for the charitable contribution amount to equal the previous year's property tax, only those three Form Schedule C's would need to be attached to the application.

Please note: Not all expenditures on the Form Schedule C qualify as charitable contributions.

Assessor May Request Additional Information

The county assessor may request, at any time, for an organization to provide a copy of an IRS letter granting exempt status as a 501 (c)(3), (8), (10), or (19) corporation (or an explanation of why the letter is not available), and records of its charitable contributions and donations and of public meetings and events held on the property to ensure eligibility.

What are charitable contributions and donations?

"Charitable contributions and donations" has the same meaning as lawful gambling purposes under section 349.12, subdivision 25, excluding those purposes relating to the payment of taxes, assessments, fees, and utility payments.

On a form Schedule C, "charitable contributions" are defined as expenditures coded A1 to A7, A10 to A15, and A19.

Only expenditures with these codes qualify as charitable contributions when the county assessor determines if an organization has made charitable contributions in an amount equal to the previous year's property tax.

Use of Information

The information on this form is required by Minnesota Statutes, section 273.13 to properly identify you and determine if you qualify for this property tax classification. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Penalties

Making false statements on this application is against the law. Minnesota Statute 609.41 states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison.

Making False Statements on this Application is Against the Law

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Information and Assistance

If you need additional information or assistance, contact your county assessor.

Additional information is also available online at www.taxes.state.mn.us.

Please return completed form to:

Todd County Assessor's Office 215 1st Ave S, Suite #202 Long Prairie, MN 56347

320-732-4431