



APPLICATION FOR PROPERTY TAX EXEMPTION

State Form 9284 (R6 / 3-07)

Prescribed by Department of Local Government Finance

FORM 136

Assessment date March 1, 2010
County Putnam

- INSTRUCTIONS:**
- Two copies of this form must be filed with the County Assessor of the county where the property is located.
 - This application must be filed before May 15. An application must be filed in 2000 and in every even numbered year thereafter. However, an application must be filed in any other year if the property was not exempted in the immediately preceding year. An application should be filed in any year in which an appeal to the Indiana Board of Tax Review or to a court of an exemption determination on the property is pending from any preceding year.
 - There is no filing fee.
 - All questions on page 1, 2, and 3 must be answered. If the question does not apply, write N/A in the space provided. **FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY RESULT IN A DENIAL OF THE APPLICATION FOR EXEMPTION.** See page 5 for additional information.

Name of owner claiming exemption Putnam County Community Foundation, Inc	
Street address (number and street, city, state, and ZIP code) 2 South Jackson Street, Greencastle, IN 46135	
Telephone number (765) 653-4978	E-mail address epeck@pcfoundation.org

Hereby petitions for exemption from taxation of the following described real estate and improvements and / or personal property:

LAND		IMPROVEMENTS (BUILDINGS)	
Legal Description	Assessed Value	Description of Improvements (Name or describe each building)	Assessed Value
O P PT LOT 90 Parcel Number Map ID: 092120211500041	\$ 10,400.00	1. Office Building	\$ 127,100.00
		2.	\$
		3.	\$

Personal property assessment \$ 22,900	Date of assessment March 1, 20 10	Township / Taxing District located in Greencastle/Greencastle City	DLGF taxing district number 67008	Key number
Upon what uses or purpose do you base the claim for exemption? <input checked="" type="checkbox"/> Charitable - pursuant to I.C. 6-1.1-10-16. <input type="checkbox"/> Educational - pursuant to I.C. 6-1.1-10-16. <input type="checkbox"/> Religious - pursuant to I.C. 6-1.1-10-16. <input type="checkbox"/> Other - (cite the specific law(s) under which the exemption is claimed)		What percentage do you claim should be exempt on the value of: Land and lots 100% Improvements (buildings) 1. 100% 2. 3. Personal property 100%		

NOTE: The taxpayer must present evidence that the property qualifies for exemption under a SPECIFIC statute. Please indicate that the following documentation has been provided:

Articles of incorporation or other organizational documents
 Bylaws
 Financial statements for the last three years:
 Balance sheets If "Other" box is checked above - the specific statute under which the exemption is claimed must be cited.
 Summary of income and expenditure

FAILURE TO PROVIDE SUCH DOCUMENTATION MAY BE GROUNDS FOR A DENIAL OF THE EXEMPTION SOUGHT.

CERTIFICATE		
Under the penalties of perjury, I hereby certify that the statements in the application and information sheet are true and correct to the best of my knowledge and belief, and are made for the purpose of having the property described hereon, or a part thereof, exempt from taxation. A person who signs an exemption application shall attest in writing and under penalties of perjury that, to the best of the person's knowledge and belief, a predominant part of the property claimed to be exempt is not being used or occupied in connection with a trade or business that is not substantially related to the exercise or performance of the organization's exempt purpose.		
Signature of authorized representative 	Title Executive Director	Date signed (month, day, year) 05/13/2010

REQUIRED INFORMATION

INSTRUCTIONS: Please state all information for the tax year in question. If you need additional space to answer any questions or wish to provide additional information, use space at bottom of reverse side. Attach separate sheet if necessary.

I. GENERAL

1. Who owns the property? (Name, address, type of entity, and purpose for which entity was formed per articles of incorporation or similar documents) Putnam County Community Foundation, Inc., Accept charitable gifts - distribute charitable grants
2. Who occupies the property? (Name, address, type of entity, and purpose for which entity was formed per articles of incorporation or similar documents) Putnam County Community Foundation, Inc., Greencastle Development Center, United Way of Putnam County, Inc.
3. Who uses the property? (Name, address, type of entity, and purpose for which entity was formed per articles of incorporation or similar documents) Same as # 2
4. For how much land is the exemption claimed? (See I.C. 6-1.1-10-16 (c) and (d), 6-1.1-10-20, 21, 22, and 26) 1/4 acre approximately
5. Describe all structures and state specifically the normal use of each room or area in each structure. (You may attach a diagram of the property and structures) Office building - all rooms used as office and/or conference rooms for non-profit organizations

II. EXEMPT PURPOSE

1. State specifically the exempt purpose and activities for which the property is used. (If any publications about the exempt activity are available, please provide a copy) Administer charitable donations and grants	
2. State how often such activities occur. Daily	
3. State specifically what rooms or areas are used for the exempt purpose and what such use is. (Be sure all rooms or areas are discussed.) All rooms	
4. Who carries out the exempt activities for which the property is used? Staff of the organizations	
4a. State the qualifications of such individual(s). All positions require experience in related areas such as philanthropic, development, clerical and/or accounting	
4b. State if such individual(s) are certified or licensed by an entity, who has issued such certificate or license, and the qualifications required to obtain such certificate or license.	
4c. How many individuals or groups participate in the exempt activities? 3 groups, 8 individuals	
5. State what written materials, if any, are used. Promotional materials	
6. What standards, if any, must individuals or groups benefiting from the exempt activity meet prior to participation in such activities? None required for participation, however, ethical standards are recommended by the state of Indiana and have been met.	
7. State if the taxpayer is supervised by any entity, group or individual	7a. State the name of such entity.
7b. State the address of the entity.	7c. State the nature and purpose of such entity.

III. OTHER INFORMATION

1. Are rooms or areas ever used by individuals or groups for purposes not related to the claimed exempt use? (If "No", skip to 2.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1a. Name such individuals or groups.
1b. State specifically what rooms or areas are used by such individuals or groups.	1c. State specifically how often such individuals or groups use such rooms or areas.
2. Do those benefiting from the exempt activity ever use areas or rooms for activities not directly related to the activity of the taxpayer? (If "No", skip to 3.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2a. State who makes such use of rooms or areas.
2b. State specifically what rooms or areas are so used.	2c. State specifically how often such rooms or areas are so used.

REQUIRED INFORMATION (continued)

III. OTHER INFORMATION (continued)

3. Do the individuals whose activities are related to the exempt purpose ever use rooms or areas for activities not directly related to the basis for the claimed exemption? (If "No", skip to 4.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3a. State who makes such use of rooms or areas.	
3b. State specifically what rooms or areas are so used.		3c. State specifically how often such rooms or areas are to be used.	
4. Are fees ever charged to those who make use of rooms or areas? (If "No", skip to 5.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4a. State the uses for which such fees are charged.	
4b. State how often such fees are charged.		4c. State who is charged such fee.	4d. State what fee is charged.
4e. For what purpose is the revenue derived from such fee used?			5. How many individuals participate in the exempt activities?
6. Are any rooms or areas ever used by any income generating activity? (If "No", skip to 7.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6a. State the activity.	
6b. State specifically where it occurs.			
6c. State specifically how often it occurs.		6d. State who conducts such activity.	
7. Are food or items of any sort ever sold? (If "No", skip to 8.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7a. State what is sold.	
7b. State specifically where it is sold.			
7c. State specifically how often such sales occur.		7d. State specifically who makes such sales.	
8. Are dances, dinners or other social functions ever held on the property for which the exemption is claimed? (If "No", skip to 9.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8a. State the activity.	
8b. State specifically where it occurs.			
8c. State specifically how often it occurs.		8d. State who conducts such activity.	
9. Are goods, crops, or food of any sort ever made, grown, or produced on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. If so, specifically describe such goods, crops or food.	
9b. State specifically the number or amount of goods, crops or food made, grown or produced.		9c. State specifically where such goods, crops or food is made, grown or produced.	
9d. State specifically who makes, grows, or produces such goods, crops or food.		9e. State the dollar value of each good, crop or food made, grown or produced.	

Use this area if additional space is needed for answers or if you wish to provide additional information.

ACTION BY THE COUNTY PROPERTY TAX ASSESSMENT BOARD OF APPEALS

INSTRUCTIONS: In order to grant an application for an exemption, in whole or in part, the County PTABOA must specifically find that the statutory prerequisites for an exemption have been met. If any of the statutory conditions have not been met, the exemption **CANNOT BE GRANTED**. If you need additional space to answer any questions or wish to provide additional information, please attach a separate sheet.

THE SECRETARY OF THE COUNTY PTABOA MUST ANSWER ALL QUESTIONS.

Name of taxpayer					
DESCRIPTION	ASSESSED VALUE	EXEMPTION ALLOWED		EXEMPTION NOT ALLOWED	
		PERCENT	ASSESSED VALUE	PERCENT	ASSESSED VALUE
Land and lots	\$		\$		\$
1.					
2.					
3.					
Improvements (Buildings)	\$		\$		\$
1.					
2.					
3.					
Personal property	\$		\$		\$
1.					
2.					
3.					
TOTALS	\$ 0.00	0.00	\$ 0.00	0.00	\$ 0.00
Date application filed	Was the entire application completely filled out (pages 1, 2, and 3)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was any information not in writing or on the form presented to the County PTABOA? <input type="checkbox"/> Yes (if yes complete next line) <input type="checkbox"/> No					
State who presented the information and summarize the information provided.					
Did the County PTABOA consider the actual use of the property? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is the percentage of actual exempt use of each room, area, or building for which the exemption is claimed?					
What is the exempt use of the property?					
State the specific statute under which the application was granted or denied:					
COUNTY PTABOA					
Signature of County Assessor (Secretary of PTABOA)					Date signed (month, day, year)