



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES
RENEWAL APPLICATION FOR REAL PROPERTY TAX
EXEMPTION FOR NONPROFIT ORGANIZATIONS
I-ORGANIZATION PURPOSE

1a. Name of Organization

c. Employer ID no.

d. Name of contact person

e. Day telephone no. of contact person

b. Mailing address

f. Evening telephone no.

2a. Statement of receipts and expenditures for the fiscal year (year ending _____, 20____)

RECEIPTS

(1) Gross dues and assessments of members	
(2) Gross contributions, gifts, etc. *	
(3) Gross amounts derived from activities related to organization's exempt purpose (attach schedule)	
Less cost of sales (attach schedule)	
(4) Gross amount from unrelated business activities (attach schedule)...	
Less cost of sales (attach schedule)	
(5) Gross amounts received from sale of assets, excluding inventory items (attach schedule)	
Less cost or other basis and sales expenses of assets sold (attach schedule)	
(6) Interest, dividends, rents and royalties	
(7) Other receipts (attach schedule)	
(8) Total receipts	

EXPENDITURES

(9) Fund raising expenses	
(10) Contributions, gifts, grants and similar amounts paid (attach schedule)	
(11) Disbursements to or for the benefit of members (attach schedule)	
(12) Compensation of officers, directors and trustees	
(13) Other salaries and wages	
(14) Interest	
(15) Rent	
(16) Depreciation and depletion	
(17) Other expenditures (attach schedule)	
(18) TOTAL EXPENDITURES	
(19) Excess of receipts over expenditures (line 8 less line 18)	

*If the organization received any unusual grants during the year, attach a list showing the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant.

2b. Statement of assets and liabilities for the last fiscal year

Enter Dates

I. ASSETS

	Beginning date	Ending date
(1) Cash (a) interest bearing accounts		
(b) other		
(2) Accounts receivable, net		
(3) Inventories		
(4) Bonds and notes (attach schedule)		
(5) Corporate stocks (attach schedule)		
(6) Mortgage loans (attach schedule)		
(7) Other investments (attach schedule)		
(8) Depreciable and depleted assets (attach schedule)		
(9) Land		
(10) Other assets (attach schedule)		
(11) TOTAL ASSETS		

II. LIABILITIES

(12) Accounts payable		
(13) Contributions, gifts, grants, etc. payable		
(14) Mortgages and notes payable (attach schedule)		
(15) Other liabilities (attach schedule)		
(16) TOTAL LIABILITIES		

III. FUND BALANCE OR NET WORTH

(17) Total fund balance or net worth		
(18) Total liabilities and fund balance or net worth (line 16 plus line 17)		

(19) Has there been any substantial change in any aspect of the organization's financial activities since the period ended as shown above?

Yes No

If yes, attach a detailed explanation.

3a. Officers, directors and trustees:

Name and title	Time devoted to position	Compensation (annual)	Contributions to Employee Benefit Plans (annual)	Expense account and other Allowances (annual)

b. Five highest paid full-time employees (other than officers, directors and trustees):

Name, title and address	Time devoted to position	Compensation (annual)	Contributions to Employee Benefit Plans (annual)	Expense account and other Allowances (annual)

c. Five highest paid part-time employees (other than officers, directors and trustees):

Name, title and address	Time devoted to position	Compensation (annual)	Contributions to Employee Benefit Plans (annual)	Expense Account and other Allowances (annual)

d. Five highest paid persons for professional services (non-employees):

Name and address	Type of service	Time devoted to service	Compensation (annual)	Expense Account and other Allowances (annual)

4. During the last fiscal year, did the organization, either directly or indirectly, engage in any of the following acts with a trustee, director, principle officer or creator of the organization, or any organization with which such a person is affiliated:

- a. Sale, exchange or leasing of property? Yes No
- b. Lending of money or other extension of credit? Yes No
- c. Furnishing of goods, services or facilities? Yes No
- d. Transfer of any part of the organization's income or assets? Yes No

IF YES ANSWERED TO a, b, c or d ABOVE, ATTACH A DETAILED EXPLANATION OF THE TRANSACTION(S)

VERIFICATION

State of New York)

County of)ss:
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_____, being duly sworn says: that ___he is the _____ of the applicant organization, that the statements contained in this application (including the attached sheets consisting of _____ pages) are true, correct and complete, and that ___he makes this application for real property tax exemption as provided by law.

Subscribed and sworn to me before
this _____ day of _____ 20_____

Signature of owner or authorized representative

Commissioner of deeds or notary public