

PROPERTY TAX-EXEMPT STATUS OF A PRIVATE ORGANIZATION APPLICATION
SDCL 10-4-15

Application must be filed with the **Director of Equalization** before **November 1st** for consideration by the County Board of Equalization the following year.

APPLICANT INFORMATION

NAME OF ORGANIZATION		COUNTY	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PROPERTY ADDRESS (if different than mailing address)			
PARCEL NUMBER	EMAIL	PHONE NUMBER	
LEGAL DESCRIPTION (include lot, block, subdivision, etc.)			

EXEMPTION IS CLAIMED UNDER	FEDERAL EXEMPTION NUMBER
<input type="checkbox"/> RELIGIOUS EXEMPTION (SDCL 10-4-9)	NUMBER
<input type="checkbox"/> CHARITABLE EXEMPTION (SDCL 10-4-9.1)	501(C)(3)
<input type="checkbox"/> BENEVOLENT EXEMPTION (SDCL 10-4-9.2)	<input type="checkbox"/> 501(C)(3) <input type="checkbox"/> 501(C)(10) <input type="checkbox"/> 501(C)(7) <input type="checkbox"/> 501(C)(19)
<input type="checkbox"/> NON-PROFIT HEALTH CARE (SDCL 10-4-9.3)	501(C)(3)
<input type="checkbox"/> EDUCATION EXEMPTION (SDCL 10-4-13)	ACCREDITED BY
<input type="checkbox"/> CONGREGATE HOUSING (SDCL 10-4-9.4)	501(C)(3) Congregate housing applications must also include a statement listing health care services provided and method(s) used to satisfy the balanced nutrition program.
<input type="checkbox"/> LOCAL INDUSTRIAL DEVELOPMENT CORP (SDCL 5-14-23)	
<input type="checkbox"/> MULTI-TENANT BUSINESS INCUBATOR	<input type="checkbox"/> 501(C)(3) <input type="checkbox"/> 501(C)(4) <input type="checkbox"/> 501(C)(6)
<input type="checkbox"/> OTHER	CITE APPROPRIATE CODE
Date of organization was created or incorporated _____	Date and method of acquisition of property (contract for deed, warranty deed, quit claim deed, other) _____
What percent of property is used exclusively for religious, charitable, benevolent, health, educational, or other exempt purpose? Land _____% Structures _____%	

Specific uses of the property (exempt use as well as any nonexempt use)

Itemize any income generated on this property

This application is for **full** () or **partial** () property tax exempt status in accordance with the provisions of state laws and regulations.

I declare under penalty of perjury under the law of South Dakota that the foregoing is true and correct.

APPLICANT SIGNATURE	TITLE	DATE
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DIRECTOR OF EQUALIZATION OFFICE USE ONLY

REPORT OF INVESTIGATION TO BE MADE BY DIRECTOR OF EQUALIZATION TO THE COUNTY BOARD OF EQUALIZATION

I recommend that the described property be declared ___ % **exempt for land** ___ % **exempt for structures** for the **assessment year of 20**___, following action by the county board of equalization.

ESTIMATE THE VALUE OF REAL PROPERTY INVOLVED IN THIS APPLICATION		
LAND	STRUCTURES	AMOUNT OF INSURANCE

DIRECTOR OF EQUALIZATION OFFICE SIGNATURE	DATE
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CLERK OF COUNTY BOARD USE ONLY

ORGANIZATION NAME: _____

THE REQUEST FOR PROPERTY TO BE CLASSIFIED AS TAX-EXEMPT IS:

() APPROVED () DENIED () ACKNOWLEDGE RECEIPT: Your request will be reviewed _____

NOTES/REASON FOR DENIAL

COUNTY BOARD CLERK SIGNATURE	DATE
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