

Applicant Name: \_\_\_\_\_

Docket No.: \_\_\_\_\_

**Addition to Exemption Application**

**K.S.A. 79-201b *Second* (Adult Care Homes)**  
**K.S.A. 79-201b *Third* (Private Children's Homes)**  
**K.S.A. 79-201b *Fifth* (Elderly Housing)**  
**K.S.A. 79-201b *Sixth* (Licensed Group Housing)**

1. Name of organization.  
\_\_\_\_\_
2. Name and address of related organization(s).  
\_\_\_\_\_
3. Type of home operated, e.g. adult care home, private children's home, etc.  
\_\_\_\_\_
4. Is the organization currently licensed to operate a adult care home, private children's home, etc.?  
\_\_\_\_No \_\_\_\_Yes (If "Yes", enclose a copy of the license.)  
If yes, how many beds does the organization operate? \_\_\_\_\_
5. Does the organization charge an entrance fee? \_\_\_\_No \_\_\_\_Yes If "Yes", what is the policy for this fee (i.e., premature death, a resident leaves the home, etc.?)  
\_\_\_\_\_  
\_\_\_\_\_
6. How does the organization handle those who are no longer able to pay for its services?  
\_\_\_\_\_  
\_\_\_\_\_
7. Does the organization accept Medicaid recipients? If so, how many?  
\_\_\_\_\_
8. Enclose a copy of **all** of the following documents:
  - The IRS designation letter showing exemption pursuant to I.R.C. §501(c)(3).
  - Articles of Incorporation and Bylaws.
  - The Certificate of Good Standing issued by the Kansas Secretary of State demonstrating that the organization is currently active and in good standing.
  - The license issued by the proper licensing authority, if applicable.

9. Enclose a copy of one of the following:
- The organization's last three years audited financial statements;
  - A statement from a qualified professional that the organization charges fees for services which produce an amount which in the aggregate is less than the actual cost of operation of the home, **or**
  - A statement from a qualified professional that the services are provided at the lowest feasible cost taking into consideration such items as reasonable depreciation, interest on indebtedness, acquisition costs and contributions to the organization are deductible under the Kansas Income Tax Act.

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: \_\_\_\_\_