

**APPLICATION FOR EXEMPT STATUS**

STATE OF CONNECTICUT

M-3 Web

This is a Tax Exempt return of Charitable and of certain other organizations to Assessors, as required by Sections 12-81, and 12-87 of the Connecticut General Statutes, and as prescribed by the Secretary of the Office of Policy and Management. One of the requirements for exemptions under 12-81, and 12-87, C.G.S., is that a Scientific, Educational, Literary, Historical, or Charitable Institution, an Agricultural or Horticultural Society, a Cemetery Organization, or a Hospital society, or Corporation\* or Sanatorium\* must file a

return every four years with the assessor in each town in which exempt property is owned by it on the assessment day is situated. Such a return, showing all such tax exempt property, must be made on this form by any such institution, society, organization, corporation\* or sanatorium\* and must be filed with each assessor on or before November 1, or if such day is Saturday or Sunday, on next business day, with the Assessor or Board of Assessors.

*\*See Section 12-81, subsection(16), as amended, C.G.S., for the filing of an exempt return by any Hospital Society or Corporation or Sanatorium*

Check Type of Declaration:  Initial Application  Renewal (Quadrennial Report)

To the Assessor of the city of: **NEW HAVEN**

From (Name of organization)

Mailing Address (No. & Street, Town, State, Zip)

1. What Is The Purpose Of Your Organization: (Submit copy of pertinent sections of charter).

2. Exemption is claimed in accordance with which section(s) of CT General Statutes. Section(s) \_\_\_\_\_ (see back re: section)

3. If not an agricultural, horticultural or cemetery society, is the gross income of such corporation entirely devoted to scientific, educational, literary, historical, charitable purposes or to two or more such purposes?  Yes  No

4. During the last fiscal year ended	What was gross income of organization? \$ _____	What part of income was used for other than main purpose? \$ _____
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5. During such fiscal year ended	What were gross expenditures? \$ _____	What part of expenditures was devoted to other than main purpose? \$ _____
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6. Agricultural, horticultural societies only: If such corporation is receiving from the State reimbursement in part for cash premiums given at an agricultural or horticultural exhibition held by in the State, enter date last reimbursement was received:

7. CEMETERY ORGANIZATION ONLY: Is its gross income entirely devoted to cemetery purposes?  Yes  No

8. Is any officer, member, or employee of this organization receiving, or may they at any time (even in event of dissolution) receive any pecuniary profit from its operations, except reasonable compensation for services in effecting one or more of its purposes, or as a proper beneficiary of its strictly charitable purposes?  Yes  No

If Answer above is "Yes" show here the manner and amount by which such individual pecuniary profit may be received.

9. What would be the disposition of incidental profit, which such organization might make?

10. Does its charter contain any provisions relative thereto? (if yes, submit pertinent section of charter)  Yes  No

11. What would become of property in case of dissolution?

12. Does its charter contain any provisions relative thereto? (if yes, submit pertinent section of charter)  Yes  No

13. Has the organization received an IRS exemption in accordance with Section 501(c)? If granted, attach copy  Yes  No

14. On the assessment day in the year of return, specify book and market values of TANGIBLE PERSONAL PROPERTY of such organization. \$ \_\_\_\_\_

15. Is all tangible personal property devoted to carrying out purposes for which exemption is claimed? (If not, list items on reverse side.)  Yes  No

16. DESCRIBE REAL ESTATE, GIVING NUMBER OF PARCELS, LOCATION, AREA AND USES

Map Block Parcel	Number and Street	General Location	Property Use

Over





**CITY OF NEW HAVEN**  
**DEPARTMENT OF ASSESSMENT**

165 Church Street

New Haven, CT 06510

*(203) 946-6047*

*Fax: (203) 946-7122*

**William O'Brien**  
*City Assessor*



**John DeStefano Jr.**  
*Mayor*

**David Ambrose**  
*Deputy Assessor*

**BILL O'BRIEN, MAI, CCMA**  
**CITY ASSESSOR**

TO: Whom It May Concern

FROM: Bill O'Brien; Ext. 8057

DATE:

RE:

The following are included among the documentation requirements the Assessor may require in order to approve Exempt Status. Please be advised that, at the discretion of the Assessor, additional documentation or information may also be required. Connecticut General Statutes 12-81; 12-87; 12-87a; 12-88; 12-89; or other Sections or Subdivisions as may be applicable.

Current copy of most recent 501 ( c ) ( 3 ) designation

Current copy of Corporate Certificate of Good Standing from Connecticut Secretary of State

Copy of most recent 990 or 990 T informational federal income tax return

Copy of By-laws, articles of incorporation, mission statement, etc.

Copy of most recent financial statement

Copy of current/most recent grant application (s) if applicable

Copy of any current applicable lease (s)

Copy of CGS Chapter 368v and 19a-490 license and designation (if applicable)

Other data as may be requested by the Assessor