

APPLICATION FOR TAX EXEMPTION
MADISON COUNTY TAX ASSESSOR
MADISON COUNTY BOARD OF SUPERVISORS

Instructions:

Before you apply for a Tax Exemption please read the attached Qualifications for Tax Exemption in Mississippi (§27-31-1, et seq., MS Code of 1972 Annotated), and then answer the following questions to be considered for Tax Exemption:

1. APPLICANT FOR TAX EXEMPTION: HARVEST OF HOPE CHRISTIAN CENTER
2. ADDRESS OF PROPERTY: 3091 SOUTH LIBERTY ST, CANTON MS 39046
3. PARCEL #: 0926-25D-006/00.00 = 0926-25D-004/03.00
4. DATE PROPERTY ACQUIRED: JULY 1, 2020
5. REASON FOR TAX EXEMPTION: 501(c)3 NON-PROFIT-RELIGIOUS CHURCH
6. IF THE EXEMPTION CLAIM IS FOR A CHURCH PLEASE CONSIDER THE FOLLOWING CODE SECTION 79-11-33 MS CODE OF 1972 ANNOTATED:

*A religious society, ecclesiastical body and/or any congregation thereof may hold and own the following real property, **but no other**:*

- a. A building used as a place of worship with a reasonable quantity of ground annexed thereto;*
- b. A quantity of ground annexed to the building used as a place of worship and used as a parish house; a community facility; a Sunday school facility; an educational facility; or for the care of children on a non-profit basis;*
- c. As a hospital or infirmary together with a reasonable amount of ground annexed thereto;*
- d. All buildings used as a school or college or seminary of learning;*
- e. All buildings used for an orphan asylum or institution;*
- f. All buildings used for a campground or assembly for religious purposes;*
- g. Lands for a cemetery of sufficient dimensions;*
- h. All buildings and grounds used for denominational headquarters and/or administrative purposes;*
- i. Any land which is maintained and used as a parking lot for the convenience of the members of the congregation, church, cathedral, mission, or other unit or administrative unit from which the society receives NO REVENUE, fee, charge or assessment.*

7. IF THE EXEMPTION CLAIM IS FOR A CHURCH WHICH OF THE ABOVE QUALIFIES THE CHURCH PROPERTY FOR TAX EXEMPTION: D
A RELIGIOUS BUILDING USED AS A PLACE OF WORSHIP WITH REASONABLE QUANTITY OF GROUNDS ANNEXED

8. IF THE EXEMPTION CLAIM IS FOR A CHURCH ARE ALL PROPERTIES CLAIMED ANNEXED TO THE CHURCH: YES/NO;

9. IF THE EXEMPTION CLAIM IS FOR A CHURCH AND THE PROPERTY CLAIMED FOR EXEMPTION IS NON-CONTIGUOUS OR NOT ANNEXED TO THE CHURCH PROPERTY WHAT IS THE PURPOSE FOR THE EXEMPTION AND IS THE PURPOSE FOR A NON-PROFIT BENEFIT: ?

10. IF THE EXEMPTION CLAIM IS FOR A NON-PROFIT PLEASE PROVIDE THE IRS EXEMPTION LETTER OR PROVIDE THE IRS EXEMPTION #: 84-234655B
SEE ATTACHMENT

11. IS THE NON-PROFIT INCORPORATED: YES/NO:

12. IF YES ATTACH COPY OF CHARTER FROM MS SEC OF STATE: - ATTACHED

13. If your organization is receiving rent or some equivalent thereof for use of some of all of the real property for which you are requesting an exemption, please provide the amount of rent collected and what percentage of the property is being rented or leased;
550.00 PER MONTH. WITH LESS THAN 20% OF BUILDING BEING RENTED OUT (WOMEN'S SERVICES)

14. If your organization is allowing other groups to use the property for a fee, please provide a detailed description of the groups utilizing the property, the fees associated with that usage, and the estimated percentage of the calendar year when the property is utilized by other organizations;

N/A

15. If your organization provides services for a fee, please describe the fee structure and identify what portion of your clientele (a) pay a reduced fee and/or (b) do not pay any fee for the service;

N/A

16. Review the attached copy of Mississippi statute (Section 27-31-1) and list the specific section of that law that applies to your organization; _____

17. Please attach or enclose any other information that will support your Application for tax exemption status.

The undersigned, individual owner(s) of the property (the Pastor and one Deacon if a Church, or the church Business Manager), or an authorized officer of the company that owns the property, certifies that, to the best of his/her knowledge, no information contained hereinabove or in the attachments hereto is false in any way and that all information is truly descriptive of the property and the development for which this application for tax exemption is being submitted.

OWNER OR AUTHORIZED REPRESENTATIVE:

JAMES ALLEN - PASTOR
DAVID C. ALLEN - DEACON

Print Name

PASTOR

DEACON

HARVEST & HOPE CHRISTIAN CENTER
Company or Organization Name

Title

919-272-7063 - PASTOR ALLEN
Telephone

JALLEN137@GMAIL.COM
Email Address

James Allen
Signature

9/16/2021
Date



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 07-10-2019

Employer Identification Number:
84-2346552

Form: SS-4

Number of this notice: CP 575 E

HARVEST OF HOPE CHRISTIAN CENTER
% JAMES ALLEN
P O BOX 753
CANTON, MS 39046

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-2346552. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

State of Mississippi

Certificate of Incorporation

Acting under the authority vested in me as Secretary of State by the Constitution and Laws of this State,
I do hereby certify the following has satisfied all conditions precedent for incorporation in this State.

Harvest of Hope Christian Center

Given this the 16th day of July, Two Thousand and
Nineteen, in the Capital City of Jackson, Mississippi
under my Hand and Seal,

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMAN, JR.
Secretary of State

