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:

- APPLICANT FOR TAX EXEMPTION: James W. Hood Family Foundation / Charter School Properties, LLC
 ADDRESS OF PROPERTY: 441 Northpark Drive, Ridgeland, MS 39157
 PARCEL #: 0721-32C-017/16.00
 DATE PROPERTY ACQUIRED: 11/4/2021
- 5. REASON FOR TAX EXEMPTION: Property to house a Christian Private School
- 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: $\bowtie \mathbb{A}$
8.	IF THE EXEMPTION CLAIM IS FOR A CHURCH ARE ALL PROPERTIES CLAIMED ANNEXED TO THE CHURCH: YES/NO; NA
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 #: See Attached
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;
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;
	NA
	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;

- 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; ___(a\)
- 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:

J. Wilson Hood Print Name	
PASTOR	
DEACON	
James W. Hood Fanily Foundate Company or Organization Name	Member Title
(601) 540 - 8601 Telephone	jwilsonhood Cgmail.com Email Address
Signature	11/30/2021 Date

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: JAN 2 0 2006

JAMES W HOOD FAMILY FOUNDATION 490 E WOODROW WILSON DR JACKSON, MS 39206

Employer Identification Number: 20-2640916

DLN:

17053180013015 Contact Person:

SHEILA M ROBINSON

ID# 31220

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Effective Date of Exemption:

June 21, 2004

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a private foundation within the meaning of section 509(a) of the Code. You are required to file Form 990-PF annually.

Please see enclosed Information for Private Foundations Exempt Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization. You can obtain information about private foundation status by requesting Publication 578, Tax Information for Private Foundations and Foundation Managers.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G. Lerner Director, Exempt Organizations

Obis J. Herre

Rulings and Agreements

Enclosure: Information for Private Foundations Exempt Under Section 501(c)(3)

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

Corporation Name: James W. Hood Family Foundation

Business ID: 857148

Filed: June 21, 2004 At 03:00 PM

Filing Fee Receipt: \$50.00

SECRETARY OF STATE P.O. Box 136 Jackson, MS 39205-0136 (601) 359-1633

Place

Eric Clark

Secretary of State



Business ID: 857148 Date Filed: 06/21/2004 03:00 PM Eric Clark Secretary of State

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136

Articles of Incorporation (320)

The un	ndersigned, pursuant to Section 79-4-2.02 (if a profit corporation) or Section 79-11-137 (if a nonprofit ation) of the Mississippi Code of 1972, hereby executes the following document and sets forth:
	De of Corporation
2. Nan	Profit R Nonprofit ne of the Corporation
Jame	es W. Hood Family Foundation
3. The	future effective date is nplete if applicable)
4. FOR 5. FOR	NONPROFITS ONLY: The period of duration is years or X perpetual PROFITS ONLY: The Number (and Classes) if any of shares the corporation is authorized to issue is (are) as follows
	# of Shares Authorized # of Shares Authorized If more than one (1) class of shares is authorized, the preferences, limitations, and relative rights of each class are as follows: (See Attached) and Street Address of the Registered Agent and Registered Office is
Name	T. Calvin Wells
Physical Address	4450 Old Canton Road, Suite 200
P.O. Box	1970
City, State,	MS 39215 1075
7. The name and complete address of each incorporator are as follows	
Name	James W. Hood
Street	2400 Culleywcood Road

Rev. 01/96

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Articles of Incorporation

P.O. BOX 136, JACKSON, MS 39205-0136 (6) Articles of Incorporation			
City, State, ZIP5, ZIP4 Jackson MS 39211			
Name			
Street			
City, State, ZIP5, ZIP4			
Name Street			
City, State, ZIP5, ZIP4			
Name			
Street			
City, State, ZIP5, ZIP4			
8. Other Provisions x See Attached 9. Incorporators' Signatures (please keep writing within blocks)			
June (John)			