



Illinois Department of Revenue

PTAX-300**Application for Non-homestead Property Tax Exemption —
County Board of Review Statement of Facts**Complaint no.: 20004189
County use only

Volume no.: _____

IDOR docket number: _____

IDOR use only

Step 1: Identify the property

- 1 Lake
County in which property is located _____
- 2 Planned Parenthood of Illinois
Property owner _____
- 3 1601 N. Lewis Ave.
Street address of property _____
- Waukegan IL 60085
City ZIP
- 4 Planned Parenthood of Illinois
Name of organization applying for the exemption (i.e., "applicant") _____

- 5 Is the applicant on Line 4 the lessee of ☐ Yes ☒ No
the property?

If "Yes", write the dates the lease is in effect.

From ____/____/____ to ____/____/____

⬆ Attach a copy of the contract or lease.

- 6 08-17-200-007 and 08-17-200-008
Property index number (PIN)

⬆ Attach a copy of the property's legal description if the county has not assigned a number or if the property is a division.

- 7 Dimensions or acreage of this property 2.87 acres

- 8 04 / 23 / 2019
Date of ownership

⬆ Attach a copy of proof of ownership (deed, contract for deed, title insurance policy, condemnation order and proof of payment, etc.)

Step 2: Identify any previous exemptions or applications (Providing this information will expedite processing.)

- 9 Does the applicant have an Illinois sales tax exemption number? ☒ Yes ☐ No
If "Yes", write the exemption number. E— 9977-1403-05 — — — — —

- 10 Has a previous application been filed for this property or by this applicant? ☐ Yes ☒ No
If "Yes", write the Illinois Department of Revenue docket number, if known. _____ - _____ - _____

Step 3: Identify the property's use

- 11 Identify the Illinois Compiled Statutes citation for this application. 35 ILCS 200/ 15-65 Or ILCS ____/____

- 12 Is any income derived from this property? ☒ Yes ☐ No

If "Yes", explain in detail. Income from services provided. See attached affidavit and exhibits.⬆ If applicable, attach
a copy of any
contracts or leases.

- 13 Does a unit of local government own this property? ☐ Yes ☒ No
If "Yes", is the property located within its corporate boundaries? ☐ Yes ☐ No

- 14 If granting this application will reduce the property's assessed valuation by \$100,000 or more, has the municipality, school district, community college district, and fire protection district in which the property is located been notified that this application has been filed? ☒ Yes ☐ No

⬆ Attach a copy of the notices
and postal return receipts.

- 15 Describe the specific activities that take place on this property. Write the exact date each activity began and how frequently it takes place.
reproductive health care center providing preventive services, cancer screenings, breast health
exams, wellness exams, contraceptive services, abortion services, and STD treatments

- 16 Did the activities described on Line 15 begin on the same date as the effective date of the lease on Line 5 or the date of ownership on Line 8, whichever is applicable? ☐ Yes ☒ No
If "No", explain in detail how the property was used between the lease or ownership date and the date these activities began. _____
The property was being renovated and made ready for its intended use.

- 17 Identify each building's use, square feet of ground area (SFGA), number of stories, and whether or not there is a basement.

Use	SFGA	No. of stories	Basement? (Y/N)
Building 1 <u>reproductive health care center</u>	<u>125,121</u>	<u>1</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Building 2 _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building 3 _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 4: Attach documentation

The following documents **must** be attached:

- Proof of ownership (copy of the deed, contract for deed, title insurance policy, condemnation order and proof of payment, etc.)
- Picture of the property
- Notarized affidavit of use
- Copies of any contracts or leases on the property

The documents listed on Lines 18 through 23 **may** be attached to expedite processing. Mark an "X" next to any documents that are attached.

- | | |
|---|---|
| 18 <input checked="" type="checkbox"/> Audited financial statements for the most recent year | 21 <input checked="" type="checkbox"/> Plot plan of each building's location on the property with each building and land area labeled with property index numbers and specific uses |
| 19 <input checked="" type="checkbox"/> Copy of the applicant's bylaws and complete certified recorded copy of Articles of Incorporation, including purpose clause and all amendments | 22 <input checked="" type="checkbox"/> Copy of any Illinois Department of Revenue Exemption Certificate |
| 20 <input checked="" type="checkbox"/> Copy of the notices to the municipality, school district, community college district, and fire protection district in which the property is located and postal return receipts if granting this application will reduce the property's assessed valuation by \$100,000 or more | 23 <input type="checkbox"/> Other (list) <u>see attached documents</u> |

Step 5: Identify the person to contact regarding this application

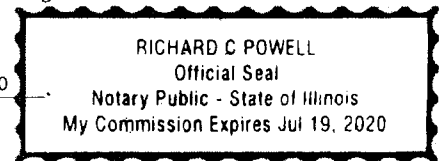
- | | |
|---|---|
| 24 Matthew A. Flamm
Name of applicant's representative
21660 W. Field Parkway Ste. 118
Mailing address
Deer Park, IL 60010
City State ZIP
(312) 392 -- 0307
Phone number | 25 Planned Parenthood of Illinois
Owner's name (if the applicant is not the owner)
18 S. Michigan Ave., 6th Floor
Mailing address
Chicago, IL 60603
City State ZIP
(312) 592 -- 6811
Phone number |
|---|---|

Step 6: Signature and notarization

State of Illinois) SS.
County of Cook)

I, Jennifer Welch, CEO and President, being duly sworn upon oath, say that I have read the foregoing application and that all of the information is true and correct to the best of my knowledge and belief.

Affiant's signature Jennifer Welch
Subscribed and sworn to before me this 4th day of June, 2020.
Richard C Powell
Notary Public



County official use only. Do not write in this space

Step 7: County board of review statement of facts

- 1 Current assessment \$ 97533, 446994 For assessment year 2 020
- 2 Is this exemption application for a leasehold interest assessed to the applicant? ☐ Yes ☒ No
If "Yes", write the Illinois Department of Revenue docket number for the exempt fee interest to the owner, if known. _____
- 3 State all of the facts considered by the county board of review in recommending approval or denial of this exemption application.
To exempt use and ownership - ownership date 4/18/19 opening date 5/12/20
- 4 County board of review recommendation
☒ Full year exemption
☐ Partial year exemption from ____/____/____ to ____/____/____
☐ Partial exemption for the following described portion of the property: _____
- ☐ Deny exemption
- 5 Date of board's action 08/27/2020

Step 8: County board of review certification

I certify this to be a correct statement of all facts arising in connection with proceedings on this exemption application.

[Signature]
Signature of clerk of county board of review

Mail to: OFFICE OF LOCAL GOVERNMENT SERVICES MC 3-520
ILLINOIS DEPARTMENT OF REVENUE
101 WEST JEFFERSON STREET
SPRINGFIELD IL 62702

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