Application for Exemption – Benefactors
Schedule C

UCA §59-2-1101 and 1102
Form PT-20C
PT-020c1.ai Rev. 9/00

Property Owner
Name of organization applying

Property parcel or account number

Contact person

Telephone

Property location

Financial Information

1. Does the use of the property in any way create funds, revenue, products or services that are sold or given away?  
   ___ Yes   ___ No
   If yes, state the amount and describe in detail: $__________________________
   ____________________________________________________________________
   ____________________________________________________________________

2. If you answered Yes in question 1, what portion of funds, revenue, products or services:
   a. Are used directly for the purposes for which exemption is claimed? _________%  
      Describe the individuals or organizations receiving benefits, and how they are selected: ______________
      ____________________________________________________________________
      ____________________________________________________________________
   b. Are used indirectly for the purposes for which exemption is claimed? _________%  
      Describe the individuals or organizations receiving benefits, and how they are selected: ______________
      ____________________________________________________________________
      ____________________________________________________________________
   c. Are given to any shareholder or individuals or are distributed from the use of the property _________%  
      Explain in detail: ____________________________________________________________________
      ____________________________________________________________________
      ____________________________________________________________________

3. Does anyone receive compensation in wages, goods, services or other benefits, for services rendered with respect to the property?  
   ___ Yes   ___ No
   If yes, attach the following information for each individual:
   a. Total compensation received in detail, e.g., money, goods, living quarters, services or other benefits.
   b. How the compensation is determined.
   c. Explanation of the services performed, including duties and working hours.
   d. Relationship of the individual to the owner, user or operator of the property, and whether the individual is a trustee, director, shareholder, lessor, member, employee or contributor of the owner.

(continued on reverse)
1. Copies of any financial statements, income statements, profit and loss statements or other records that accurately reflect the use of the described property, including the source of all funds, the amount received from each source, and the use of such funds for the most recent fiscal year available.

2. All information requested in question 3, above.

3. If the use of the property did not create any funds, revenue, products or services that are sold or given away, but did result in a benefit to any individual or organization, attach detailed documentation indicating the following:
   a. All individuals or organizations benefited.
   b. The amount of benefit received by each.
   c. How such individuals or organizations were selected.

Certification

I certify that all statements and information on this sheet are true and correct to the best of my knowledge, and that I will notify the Board of Equalization if any of the information should change. I further certify that I have authority to sign this document.

<table>
<thead>
<tr>
<th>Name (printed)</th>
<th>Position or capacity</th>
</tr>
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<tbody>
<tr>
<td>Signature</td>
<td>Date signed</td>
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