## Application for Exemption – Benefactors Schedule C

Property Owner						
Name of organization applying Property parcel or according   Contact person Telephone				number		
Pro	perty	location				
Fi	nan	cial Information				
1.					No	
	If yes, state the amount and describe in detail: \$					
2.						
	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.	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		%	
	0.	Explain in detail:			70	
3.		es anyone receive compensation in wages, goods, services or other b 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.

## **Attachments** Attach the following documentation

- 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.

Name (printed)	Position or capacity		
Signature	Date signed		
<u>X</u>			