



**Application for New Property Tax Exemption
Financial Information Schedule C**
C/O Washington County Clerk-Auditor
111 E Tabernacle Street
St. George, UT 84770

Schedule C is required of Charitable purpose organizations ONLY.

Nonprofit Entity Information

| | | |
|----------------------|-------|----------------------------|
| Name of Organization | | EIN or Other Tax ID Number |
| Contact Person Name | Email | Phone |

Charitable Benefit Statement

On a separate sheet, answer the following questions about your organization. On your answer sheet, please number and label your answers to the corresponding questions.

1. Describe the ways (gifts, donations, grants, fees, etc.) in which the Charitable organization receives revenue.
2. Describe how excess revenue (funding that exceeds annual operating and long-term maintenance costs) is used.
3. For any revenue producing property owned by the organization, describe how the revenue is generated, what criteria is used to set prices, and the nature of the expenditures related to that property.
4. Provide a summary of all operating costs (financial statement, audit or other type of report).
5. Describe if/how any of the organization's net revenue is used to benefit individuals or shareholders of the organization (does not include individuals served by the organization or employees of the organization).
6. Provide a summary that shows how the net revenue generated by the organization fulfills its charitable mission.
7. Describe those served by the organization and if those individuals are part of a specific or restricted group.
8. Provide a summary of how the individuals who are served by the organization receive the charitable benefit.
 - a. Are any fees required to be paid to receive the charitable benefit?
9. Provide an answer to one of the following questions:
 - a. If the organization limits its charitable mission to a specific or restricted group of individuals, how does this limitation benefit the wider population of Washington County if this exemption is granted.
 - b. If the organization does not limit its charitable mission to a specific or restricted group of individuals, how does this benefit the wider population of Washington County if this exemption is granted.
10. Describe the type of staffing used by the organization (volunteer, part-time, or full-time). Include the following:
 - a. Summary of total compensation paid to staff members (wages, benefits, living quarters, etc.)
 - b. List of the five highest paid employees showing their level of compensation and the cost of their benefits
 - c. Summary of each staff category, the services they provide, and the average number of working hours required by the organization.

Submission Documents

The following documentation is to be attached to and submitted with this application.

- ☐ Charitable Benefit Statement (described above)
- ☐ Tax returns (last 2 years)
- ☐ Financial statements, income statements, and/or profit and loss statements (last fiscal year)
- ☐ If providing low-income housing, copies of rental leases or agreements and rental pricing structure explanation

Certification

I certify that all the information herein, including any accompanying attachments, is true, correct, and complete to the best of my knowledge. I further certify that I am an authorized representative of the organization and am authorized to sign this form.

| | |
|----------------|-------------------|
| Name (Printed) | Position or Title |
| Signature | Date |

