This dam s filed for facel year 20 70	
Section 1. Identification of Claimant/Owner and Property LEGAL NAME OF ORGANIZATION CORPORATE OR LLC ID NO. (# ar ADDRESS OF PROPERTY (number and street) DITY ADDRESS OF PROPERTY (number and street) OTY ADDRESS OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of properly additional of propetly used, including square CORRENT LEASE OR AGREEMENT ATTACHED? OTY ADDRESS OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of propetly additional of propetly used, including square CORRENT LEASE OR AGREEMENT ATTACHED? OTY ADDRESS OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of propetly additional of propetly used, including square CORRENT LEASE OR AGREEMENT ATTACHED? OTY ADDRESS OF PROPERTY USED Submission not equine (f additional documents image of not frequenting Distribution and Check in al Submitted with previous line of the determined in a previous li	
LEGAL NAME OF ORGANIZATION CORPORATE OR LLC ID NO. (# ar ADDRESS OF PROPERTY (number and street) CITY ASSESSOR'S PARCELASSESSMENT NUMBER ADDRESS OF PROPERTY (number and street) CITY ASSESSOR'S PARCELASSESSMENT NUMBER Section 2. Organizations and Persons Using Owner's Real Property. (Attach additional copies of this form. if necessary.) Total Number of Users: (complete Part A for each user and complete Part B. if applicable) D. PHONE NUMBER OR EMAIL ADDRESS c. NEW USER THIS YEAR? Yee No d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERSON USITED IN (a) ABOVE (type of property and partons of property used, including square accurate on troquired if summitted in provious filing Yee (complete Part B for this user) No (in the complete Part B for this user) No (no turber information required disbubilission on troquired if summitted with a previous filing Yee (complete Part B for this user) No (no turber information required disbubilission on troquired if summitted with a previous filing (in the complete Part B for this user) No (no turber information required disbubilission on the optical state of the PROPERTY: b. FREQUENCY OF USE (day, once per week, dros) c. RENT OR FEES RECEIVED FROM USER (angunt and free disperson filing) (in the complete Part B for this user) No (no turber information required disperson filing) INTERNAL REVENUE COCCI e. RENT ON FEES RECEIVED FROM USER (angunt and free disperson filing) (in the co	
Section 2. Organizations and Persons Using Owner's Real Property. (Attach additional copies of this form, if necessary.) Total Number of Users: (complete Part A for each user and complete Part B, if applicable) Part A - onter user # A NAME OF ORGANIZATIONS OR PERSON (including DBA name, if applicable) D. PHONE NUMBER OR EMAIL ADDRESS (c) NEW USER THIS YEAR? / re / No (rys, date user gamma dimension of property used. Including square c) CURRENT LEASE OR AGREEDENT ATTACHED? / Yes / No Submission not mujured if submitted with previous filing or find fragmeting (require that previous filing or find fragmeting) (require Part B for this user) / No (no further information equire check hare if no writen agreement.) Part B (complete Part B for this user) / No (no further information require check hare if no writen agreement.) (require that yes on the part of the user) (require that yes on the previous filing or find fragmeting) (require that yes on the user) (require that yes on the previous filing or find fragmeting) (require that previous filing) (requ	iny)
Total Number of Users: [complete Part A for each user and complete Part B, if applicable) a. NAME OF ORGANIZATIONS OR PERSON (including DBA name, if applicable) [hes. date use began: b. PHONE NUMBER OR EMAIL ADDRESS c NPW USERTHIS YEAR? Yes No cl. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of frogerty and potions of property used, including square semption on the profit on the PROPERTY USED Yes (complete Part B for this user) No cl. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of frogerty and potions of property used, including square semption on that portion used. For the profit of the semption on the profit on the provide the set in ownitten agreement. Immediate the into written agreement. Part B Complete ONF IF USERB USE OF THE PROPERTY. c. RENT OR FEES RECEIVED FROM USER (angunt and free into written agreement. Immediate the into written agreement. Immediate the provide the set into written agreement. Immediate the into written agreement. Immediate the provide the set into written agreement. Part B Complete Part A term is represented with a previous filling. Immediate the provide the set into written agreement. Immediate the provide the set into written agreement. Immediate the provide the set into written agreement. Immediate the pro	ĨR
a. NAME OF ORGANIZATIONS OR PERSON (including DBA name, if applicable) b. PHONE NUMBER OR EMAIL ADDRESS b. PHONE NUMBER OR EMAIL ADDRESS c. NEW USERTHIS YEAR?	
2. PHONE NUMBER OR EMAIL ADDRESS 2. PHONE NUMBER OR EMAIL ADDRESS 2. CHEVE USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of property and portions of property used, including square submission not required distances within a proton used. Check here if submitted with a provide state of the state	
2. CURRENT LEASE OR AGREEMENT ATTACHED? Yes No (* IS EXEMPTION REQUESTED ON THE PORTION OF PROPERTY USED Submission not required if submitted with a previous filing or if not requesting exemption on that portion used. Check here if no written agreement: Yes (complete Part B for this user) No (no further information require to check here if no written agreement: C. RENT OR FEES RECEIVED FROM USER (amount and free Yes, OCC NO No (additional documents may be required, see instructions) C. CRENT OR FEES RECEIVED FROM USER (amount and free Yes, OCC NO No (additional documents may be required, see instructions) C. CRENT OR FEES RECEIVED FROM USER (amount and free Yes, OCC NO No (additional documents may be required, see instructions) C. CRENT OR FEES RECEIVED FROM USER (amount and free Yes, OCC NO No (additional documents may be required, see instructions) C. CRENT OR FEES RECEIVED FROM USER (amount and free Yes, OCC NO No (additional documents may be required, see instructions) C. Anartable C. Religious Associated with a previous filing No TTAX EXEMPT GOVERNMENT AGENCY Part A - onter usor # ANAME OF ORGANIZATIONS OR PERSON (including DBA name, if applicable) D. PHONE NUMBER OR EMAIL ADDRESS Yes (and use began: Yes (complete Part B for this user) No (no further information require Submission not required if submitted with a previous filing Yes (complete Part B for this user) No (no further information require Check here if no written agreement Yes (complete Part B for this user)	
Submission not required if submitted with a previous filing	re footage):
a. DESCRIPTION OF THE USERS USE OF THE PROPERTY: b. FREQUENCY OF USE (daily, once per week, etc): c. RENT OR FEES RECEIVED FROM USER (amount and free d. DOES THE USER HAVE AN ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC)? c. PURPOSE(S) ORGANIZED FOR: d. PURPOSE(S) ORGANIZED FOR: d. DOES THE USER HAVE AN ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC)? c. TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter; if not submitted with a previous filing) intremval. REVENUE CODE: Section 237011 Section 2010(k) Section 5010(k) REVENUE AND TAXATION CODE: Section 237014 Section 237014 sector 2010(k) REVENUE AND TAXATION CODE: C. NEW USER THIS YEAR? revenue and submit copy of tax exempt status letter; if not submitted with a previous filing) intremval. REVENUE CODE: C. NEW USER THIS YEAR? revenue and provides and submit copy of tax exempt status letter; if not submitted with a previous filing. d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of property and portions of property used, including square e. CURRENT LEASE OR AGREEMENT ATTACHED? revenues filing. Submission not required if submitted with previous filing of ri not requesting exemption on that portion used. Check here if submitted with a previous filing. Part B (complete and be complete and be and submit copy of tax exempt status letter; if not submitted previous filing. Part B (complete NUM PARTA, Item f is answered yes for user) b. DESCRIPTION OF THE USER'S USE OF THE PROPERTY: b. DESCRIPTION OF THE USER'S USE OF THE PROPERTY: c. RERU OF THE USER HAVE AN ORGANIZATION CLEARANCE CERTIFICATE (OCC)? for a careful and the revious filing) revenvalue to the submitted previous follow and submit copy of tax exempt status letter; if not submitted with a previous filing) revenvalue VEVENUE ADD TAXTION CLEARANCE CERTIFICATE (OCC)? for a careful the previous filing) revenvalue VEVENUE ADD TAXTION CLEARANCE CERTIFICATE (OCC)? for a careful to a submitted with a previous filing) revenvalue to write agreent to submitted w	
d. DOES THE USER HAVE AN ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC)? e. PURPOSE(S) ORGANIZED FOR: c. P	
	equency):
INTERNAL REVENUE CODE: Section 501(0)(4) Section 501(0)(4) REVENUE AND TAXATION CODE Section 23701d Section 23701f S ONOT TAX EXEMPT GOVERNMENT AGENCY Part A - enter user #	Other
Part A - enter user #	Section 23701v
b. PHONE NUMBER OR EMAIL ADDRESS c. NEW USER THIS YEAR? Yes No d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of property and portions of property used, including square e. CURRENT LEASE OR AGREEMENT ATTACHED? Yes No Submission not required if submitted with previous filing or if not requesting exemption on that portion used. Check here if submitted with a previous filing: Is EXEMPTION REQUESTED ON THE PORTION OF PROPERTY USED Check here if no written agreement: Yes (complete Part B for this user) No (no further information required for the requesting exemption on that portion used. Check here if submitted with a previous filing: Yes (complete Part B for this user) No (no further information required for the wiser) a. DESCRIPTION OF THE USER'S USE OF THE PROPERTY: c. RENT OR FEES RECEIVED FROM USER (amount and free of no written agreement: b. FREQUENCY OF USE (daily, once per week, etc): c. RENT OR FEES RECEIVED FROM USER (amount and free of No (additional documents may be required, see instructions) Charitable Religious Hospital Scientific f. TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing) Section 23701f Se	
If yes, date use began:	
d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of property and portions of property used, including square e. CURRENT LEASE OR AGREEMENT ATTACHED?YesNo	
Submission not required if submitted with previous filing or if not requesting exemption on that portion used. Check here if submitted with a previous filing: Pres (complete Part B for this user) No (no further information required requesting exemption on that portion used. Check here if submitted with a previous filing: Part B (complete only if Part A, item f is answered yes for user) DESCRIPTION OF THE USER'S USE OF THE PROPERTY: Description of the user is user in the transmitted with a previous filing or if not requesting exemption on that portion used. Check here if submitted with a previous filing: C. RENT OR FEES RECEIVED FROM USER (amount and free is a complete Part B for this user) No (no further information required is user) DESCRIPTION OF THE USER'S USE OF THE PROPERTY: Description of the user is user in the transmitted with a previous filing or if not requesting exemption on that portion used. Check here if submitted with a previous filing or if not requesting exemption on that portion used. Check here if submitted with a previous filing is cleantific in the transmitter in the transmitter is in the transmitter in the transmitter in the transmitter is in the transmitter is in the transmitter in the transmitter in the transmitter in the transmitter is in the transmitter in	re footage):
a. DESCRIPTION OF THE USER'S USE OF THE PROPERTY: b. FREQUENCY OF USE (daily, once per week, etc): c. RENT OR FEES RECEIVED FROM USER (amount and fre d. DOES THE USER HAVE AN ORGANIZATION CLEARANCE CERTIFICATE (OCC)? Yes, OCC NO No (additional documents may be required, see instructions) TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing) NTERNAL REVENUE CODE: Section 501(c)(3) Section 501(c)(4) REVENUE AND TAXATION CODE: Section 23701d Section 23701f Section 2470f Section 2470f Section 2470f Section 2470f Section 2470f Section	
A. DOES THE USER HAVE AN ORGANIZATION CLEARANCE CERTIFICATE (OCC)? e. PURPOSE(S) ORGANIZED FOR: Yes, OCC NO No (additional documents may be required, see instructions) Charitable _ Religious _ Hospital _ Scientific _ TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing) NTERNAL REVENUE CODE: _ Section 501(c)(3) _ Section 501(c)(4) REVENUE AND TAXATION CODE: _ Section 23701d _ Section 23701f _ Section 501(c)(4) REVENUE AND TAXATION CODE: _ Section 23701f _ Se	
Yes, OCC NO No (additional documents may be required, see instructions) Charitable Religious Hospital Scientific TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing) NTERNAL REVENUE CODE: Section 501(c)(3) Section 501(c)(4) REVENUE AND TAXATION CODE: Section 23701d Section 23701f Section 2470f Secti	equency):
NTERNAL REVENUE CODE: Section 501(c)(3) Section 501(c)(4) REVENUE AND TAXATION CODE: Section 23701d Section 23701f Section 23	Other
certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any statements or documents, is true, correct and complete to the best of my knowledge and belief.	Section 23701w
AME OF CLAIMANT	/ accompanyi
IGNATURE OF CLAIMANT DATE	

Claude Parrish

INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, ORGANIZATIONS AND PERSONS USING CLAIMANT'S REAL PROPERTY

FILING OF AFFIDAVIT

This affidavit must be filed by the owner of real property when another organization or person uses that real property. A separate affidavit must be filed for each location. This affidavit supplements the claim for welfare exemption, which must be filed with the county assessor by February 15 to avoid a late filing penalty under Revenue and Taxation Code section 270. The information provided on this affidavit is used by the assessor to determine how the property is being used and by whom. If this form is not completed and the property is used by another party, the claimant/owner will be denied the exemption.

The welfare exemption requires that property be used exclusively for religious, charitable, hospital, or scientific purposes by qualifying organizations; however, it does not require that the owner be the only user of the property. Therefore, an owner may allow other organizations to use its property and still qualify for exemption, if the welfare exemption requirements are met. In order for property owned by one organization and used by another to be eligible for the welfare exemption, the owner and user of the property must be organized for exempt purposes and the property must be used for exempt purposes.

Organizations using the real property more than once a week must be exempt from federal income tax under the provisions of section 501(c)(3) of the Internal Revenue Code or exempt from state franchise or income tax under the provisions of section 23701d of the Revenue and Taxation Code. Organizations using the property once a week or less may also be exempt under 501(c)(4) of the Internal Revenue Code or 23701f or 23701w of the Revenue and Taxation Code.

In accordance with Revenue and Taxation Code section 254.5(b)(2), the assessor may institute an audit or verification of the property's use to determine whether both the owner and user of the property meet the requirements of Revenue and Taxation Code section 214.

SECTION 1. Identification of Claimant/Owner and Property.

Identify the name of the organization that owns the real property (the claimant), and the address and Assessor's Parcel/Assessment Number of the property on which the exemption is being sought. Provide the organization's corporate identification number, if it is a nonprofit corporation, or number assigned by the Secretary of State, if it is a limited liability company.

SECTION 2. Organizations and Persons Using Owner's Real Property.

State the total number of organizations and/or persons, other than the claimant, that use the claimant's real property. Report information on users during the calendar year immediately preceding the fiscal year of claim.

Part A – Must be completed for all users of the claimant's real property.

- a. Provide the name of the organization or person using the property, including the DBA name, if applicable.
- b. Provide a contact phone number or email address for the user.
- c. Check the appropriate box to indicate if the user is new this year. If yes, state the date the property was first used by the user.
- d. Provide a description of the property used by the user, including room number(s), suite number(s), and square footage used.
- e. Check the appropriate box to indicate if the current lease or agreement is attached. Attach a copy of the current lease or agreement, if not submitted with a previous filing. If you are not seeking exemption on this portion of the property, as reported in item (f), lease submission is not necessary. However the Assessor may request information to verify the square footage used.
- f. Check the appropriate box to indicate if requesting exemption on the portion of the property used by the user. If yes, complete Part B for the user. If no, no further information is required for the user.

Part B – Complete if seeking exemption on the portion of the property used by the user.

- a. Describe how the user uses the property, including all primary and incidental uses.
- b. Indicate how often the user uses the property, for example, "daily," "twice per week," etc.
- c. State the rent or fees received from the user, including the amount and frequency.
- d. Check the appropriate box to indicate if the user holds an OCC. If yes, provide the OCC number. Note: A user of the property is not required to hold an OCC. If the user does not hold an OCC, the assessor may request additional information.
- e. Check the appropriate box(es) to indicate the purpose for which the organization is organized. If "Other" is checked, specify the purpose.
- f. Check the appropriate box(es) to indicate the tax exempt status of the user. If you are filing this affidavit with the *Claim for Welfare Exemption (First Filing)* (BOE-267), submit a copy of the user's tax exempt status letter. If you are filing this affidavit with your annual filing (BOE-267-A), and the property is used by any organization(s) you have not previously reported to the assessor, submit a copy of the tax exempt status letter for each new user.

