 5. Date claim for exemption from Supplemental Assessment was filed with Assessor	F-269-FIR-R02-0308-13000083-1 OE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No		940 W. Main Str El Centro, CA 92 Main Office: (442 Website: assess	eet Suite 115 2243
□ Owner only □ Ovner-Operator Date of last inspection of property If claimant is operator, name of owner is	Address of <i>this</i> property			
If claimant is owner, name of owner is If claimant is operator, name of owner is A. Calimant is primarily: (check only one) 1. charitable B. Use of property 1. The primary activity the property is used for is: (check only one) a. administration is: (check only one) i. a. administration is: (check only one) i. The primary activity the property is used for is: (check only one) i. c. educational is: (check only one) i. d. farming is: for activities the property is used for are: a. List letters used in B1 b. Other (explain) 3. All or part (write in all or part where applicable) of the property is: a leased or rented b. vacant or unused is: in formation i. In your opinion are services and exponses is: excessive? if answer is yes, explain: is: in your opinion is the partitories and exponses private gain? i. In your opinion is the partitories and exponses private gain? is: yes is no explain: D. Ownership of real property (as of applicable) is recorded in exact name of claimant is: no. explain: C. Operation of property (as of applicable) is recorded in exact name of claimant is: yes is no. explain: I. In your opinion is the path where applicable iten date) is recorded in exact name of claimant is:		(street)	t, city, zip code)	
If claimant is operator, name of owner is A Claimant is primarity: (check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one)				
A. Claimant is primarily: [check only one] 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one)				
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a. administration b. fratemal and todge meetings b. medical (not hospital) b. commercial c. fu fund raising b. fratemational c. deucational d. hospital b. rehabilitation c. deucational d. hospital b. rehabilitation d. farming in housing b. informational d. farming in housing informational d. d. card or unset informational d. used to house personnel whose presence is not institutionally precessary d. hour opinion do operations enhance anyonels private gain? Yes No if answer is yes, explain: 2 In your opinion is the plaimant's proposed new capital investment, if any, n				
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 All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary C. Operation of property for banefit of persons 1. In your opinion are services and expenses excessive? 2. In your opinion do operations enhance anyone's private gain? 2. In your opinion do operations enhance anyone's private gain? 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? 3. In your opinion are services and expenses exceeded in exact name of claimant 3. In your opinion are services and expenses exceeded in exact name of claimant 4. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant 4. Date of change in ownership 5. Date of completion of new construction 5. Explain what was constructed 5. Date of completion of new construction 5. Date for exemption from Supplemental Assessment was filed with Assessor 6. Date first instaliment of supplemental Assessment was filed with Assessor 6. Date first instaliment of supplemental ax bill becomes (became) delinquent 5. Aclaim for external' organization exemption on this property: 1. was filed last year Yes No 2. is new this year Yes No 3. was not filed last year, but claimed on another property located at 5. (give complete address including zip code) 5. Recommendation: 5. Aclaim for denial (<i>if partial denial, identify specific area to be denied</i>) 5. Date in the in all (<i>if partial denial, identify specific area to be denied</i>) 5. Date 5. Date in the indialentify specific area to be denied) 5. Dat				
b. vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary C. Operation of property for benefit of persons In your opinion are services and expenses excessive? Image: services and expenses excessive? 1. In your opinion are services and expenses excessive? Image: sevices and expenses excessive? Image: sevices and expenses excessive? 3. In your opinion are services and expenses excessive? Image: sevices and expenses excessive? Image: sevices and expenses excessive? 3. In your opinion is the claimant's proposed new capital investment. If any, necessary? Image: sevices and expenses excessive? Image: sevices and expenses excessive? 2. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Image: Yes No 3. Date of change in ownership Image: Did owner file an exemption claim? Yes No 3. Date of change in ownership Image: Did owner file an exemption claim? Yes No 3. Date out to exempt and nonexempt portions in detail Image: Did owner file an exemption of the property is put to an exemption form Supplemental Assessment was filed with Assessor Image: Did owner file and exemption of the property is put to an exemption form Supplemental Assessment was filed with Assessor Image: Did owner file and exemption of the property is put to an exemption fore exemption form Supplemental Assessment was filed with				
C. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? If answer is yes, explain: 2. In your opinion do operations enhance anyone's private gain? If answer is yes, explain. 3. In your opinion is the daimant's proposed new capital investment, if any, necessary? If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant If answer is no, explain: Did owner file an exemption claim? Yes No If answer is no, explain: Did owner file an exemption claim? Yes Yes No If answer is no, explain: Did owner file an exemption claim? Yes No Market and file an exemption claim? Yes No Ownership in name of claimant? Recorded Yes No Ownership in name of claimant? Recorded Yes No Ownership in name of claimant? Recorded Yes No Date of completion of new construction Explain what was constructed	b. vacant or unused	c. in excess of that rea		
2. In your opinion do operations enhance anyone's private gain? Yes No If answer is yes, explain: Yes No 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes No If answer is no, explain: Yes No D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No If answer is no, explain: Did owner file an exemption claim? Yes No E. Supplemental Assessment (in claimant's name): Did owner file an exemption claim? Yes No Ownership in name of claimant? Zes No Recorded Yes No Output: Date of completion of new construction Recorded Yes No Ownership in name of claimant? Zes No Recorded Yes No Obter of the exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail Image: Complete address including zip code Image: Code Not mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Image: Code Image: Code Image: Code Image: Code Image: Code Image: Code Image:	 C. Operation of property for benefit of person 1. In your opinion are services and expenses ex 	IS		Yes No
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B. Supplemental Assessment (in claimant's name): Did owner file an exemption claim? Yes No E. Supplemental Assessment (in claimant's name): No Recorded Yes No Ownership in name of claimant? Recorded Yes No 2. Date of completion of new construction Explain what was constructed If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail Not mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Not mailed 6. Date first installment of supplemental tax bill becomes (became) delinquent F 7. A claim for veterans' organization exemption on this property: No 3. was not filed last year Yes No 3. was not filed last year, but claimed on another property located at (give complete address including zip code) 6. Recommendation: 1. Approval 2. Denial (all) Reason for denial (if partial denial, identify specific area to be denied)	3. In your opinion is the claimant's proposed nev		ny, necessary?	Yes No
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Reason for denial (if partial denial, identify specific area to be denied) Date, Assesso			(give complete address	s including zip code)
Date, Assesso	G. Recommendation: 1. Approval	(all)	2. Denial	(all)
Date, Assesso	Reason for denial (if partial denial, identify specifi			
	Date			

