This damin filled for fiscal year 20 20	-0-R01-0617-30000087-1 -0 (P1) REV. 01 (06-17) ARE EXEMPTION SUPPLE NIZATIONS AND PERSON IANT'S REAL PROPERTY		T, CONTRACT	Or 625 Sar	aude Parrish range County Assessor 5 N Broadway nta Ana 92701
Section 1. Identification of Claimant/Owner and Property LEGAL NAME OF ORGANIZATION  ODRESS OF PROPERTY (number and street)  DATE Section 2. Organizations and Persons Using Owner's Real Property. (Attach additional copies of this form, if necessary.)  Part A - enter or #  a. NAME OF ORGANIZATIONS OR PERSON (including DBA name, if applicable)  p. PHONE NUMBER OR EMAIL ADDRESS  c. MEW USER THIS VEAR?	Supplemental Affidavit filed with: BOE-267, <i>Claim For Welfare Exe</i>	mption (First Filing)			
LEGAL NAME OF DRGANIZATION       CORPORATE OR LLG ID NO. (fram)         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 B. if applicable)         Part A - entor user #			l Filing)		
Section 2. Organizations and Persons Lising Owner's Real Property: (Attach additional couplete Part B, if applicable)  Part A - enter user # A Number of Okanizations of property used in a complete Part B, if applicable)  D. PHONE NUMBER OR EMAILADDRESS C NEW USER THIS YEAR? Yes No If yes, data task begam.  D. PHONE NUMBER OR EMAILADDRESS C URRENT LEASE OR ADDREEMENT ATACHED? USED BY ORGANIZATIONN DE PROPERTY USED BY ORGANIZATIONPERSON LISTED IN (a) ABOVE (type of property used, including square foo Check here if no written agreement. PART B complete only if Part A free Tre agreement with provides filing or if not required if additional documents may be required, see instructions) D. FREQUENCY OF USE (daily, once per week, etc): D. FREQUENCY OF USE (daily, once per week, etc): D. PRONE NUMBER OR EMAIL ADDRESS C N					CORPORATE OR LLC ID NO. (if any)
Total Number of Users:	S OF PROPERTY (number and stree	t) CI	TY	ASSES	SSOR'S PARCEL/ASSESSMENT NUMBER
a. NAME OF ORGANIZATIONS OR PERSON (including DBA name, if applicable)  b. PHONE NUMBER OR EMAIL ADDRESS  c. NEW USER THIS YEAR? Yes No  types, data with a definition of the property used by ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of property and portions of property used, including square foo  c. URRENT LEASE OR AGREEMENT ATTACHED? Yes No  submission not required if submitted with previous filing of in of requesting complete Part B for this user) No (no further information required if  check here if no written agreement.]  Part B (complete Part B for this user) No (no further information required if  check here if no written agreement.]  DeSCRIPTION OF THE USERB OUSE OF THE PROPERTY:  c. RENT OR FEES RECEIVED FROM USER (angunt and frequent DeSCRIPTION OF THE USERB OUSE OF THE PROPERTY:  c. RENT OR FEES RECEIVED FROM USER (angunt and frequent DeSCRIPTION OF THE USERB OUSE OF THE PROPERTY:  c. RENT OR FEES RECEIVED FROM USER (angunt and frequent DeSCRIPTION OF THE USERB OUSE OF THE PROPERTY:  c. RENT OR FEES RECEIVED FROM USER (angunt and frequent DeSCRIPTION OF THE USERB OUSE OF THE PROPERTY:  c. RENT OR FEES RECEIVED FROM USER (angunt and frequent DeSCRIPTION OF THE USERB OUSE OF THE PROPERTY:  c. RENT OR FEES RECEIVED FROM USER (angunt and frequent DeSCRIPTION OF THE USERB OUSE OF THE PROPERTY:  c. RENT OR FEES RECEIVED FROM USER (angunt and frequent DeSCRIPTION OF THE USERB OUSE OF THE PROPERTY:  c. RENT OR FEES RECEIVED FROM USER (angunt and frequent DeSCRIPTION OF THE USERB OUSE OF THE PROPERTY STUDIES (beck massion complete based massion complete provide that previous filing) THA NEAL REVENUE CODE() Section 23701	2. Organizations and Persons U umber of Users: (c	sing Owner's Real Prope	rty. (Attach additi er and complete I	onal copies of this Part B, if applicab	s form, if necessary.) ole)
PHONE NUMBER OR EMAIL ADDRESS					
If yes, date use began:	OF ORGANIZATIONS OR PERSON (in	cluding DBA name, if applicab	le)		
a. CURRENT LEASE OR AGREEMENT ATTACHED?YesNoLIS EXEMPTION REQUESTED ON THE PORTION OF PROPERTY USED BY	E NUMBER OR EMAIL ADDRESS				
Submission not required if submitted with a previous filing:       Image of inderequesting:       Image of indereques	RIPTION OF PROPERTY USED BY OF	GANIZATION/PERSON LISTE	ED IN (a) ABOVE (ty	pe of property and	portions of property used, including square 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 frequent d. DOES THE USER HAVE AN ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC)?	ssion not required if submitted with previ tion on that portion used. Check here if s	ous filing or if not requesting	Ves (comp		
d. DOES THE USER HAVE AN ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC)?       e. PURPOSE(S) ORGANIZED FOR:         \[ Yes, OCC NO					
□ Yes. OCC NO.       □ No (additional documents may be required, see instructions)       □ Charitable □ Religious □ Hospital □ Scientific □ Other         1 TAK EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing)       □ NOT TAX EXEMPT       □ Content to the previous for (a)       □ Section 501(c)(a)       □ Section 501(c)(	UENCY OF USE (daily, once per week,	etc):	C	. RENT OR FEES F	RECEIVED FROM USER (amount and frequency):
□ Yes. OCC NO.       □ No (additional documents may be required, see instructions)       □ Charitable □ Religious □ Hospital □ Scientific □ Other         1, TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing)       □ NOT TAX EXEMPT [	THE USER HAVE AN ORGANIZATION				
f. TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing)         INTERNAL REVENUE CODE:       Section 501(0)(3)       Section 501(0)(4)       REVENUE AND TAXATION CODE:       Section 23701d       Section 23701f					
Part A - enter user #	AL REVENUE CODE: 🔄 Se <mark>ction 501(</mark> d	)(3) Section 501(c)(4) R	status letter, if not s EVENUE AND TAXA	ubmitted with a prev ATION CODE:	vious filing) Section 23701d Section 23701f Section 237
b. PHONE NUMBER OR EMAIL ADDRESS       c. NEW USER THIS YEAR?       Yes       No         If yes, date use began:					
If yes, date use began:	OF ORGANIZATIONS OR PERSON (ii	icluding DBA name, if applicab	le)		
d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of property and portions of property used, including square foo a. 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: Yes (complete Part B for this user) No (no further information required f Check here if no written agreement: Check here if a sanswered yes for user) DESCRIPTION OF THE USER'S USE OF THE PROPERTY: D. FREQUENCY OF USE (daily, once per week, etc): C. RENT OR FEES RECEIVED FROM USER (amount and frequent M. DESCRIPTION OF THE USER'S USE OF THE PROPERTY: D. FREQUENCY OF USE (daily, once per week, etc): C. RENT OR FEES RECEIVED FROM USER (amount and frequent M. DESCRIPTION OF THE USER HAVE AN ORGANIZATION CLEARANCE CERTIFICATE (OCC)? Yes, OCC NO No (additional documents may be required, see instructions) Charitable Religious Hospital Scientific Othe 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 237011 Section 237011 Section NOT TAX EXEMPT GOVERNMENT AGENCY CERTIFICATION Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any acc statements or documents, is true, correct and complete to the best of my knowledge and belief. TILE	E NUMBER OR EMAIL ADDRESS				
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 f 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 HAVE AN ORGANIZATION CLEARANCE CERTIFICATE (OCC)?       e. PURPOSE(S) ORGANIZED FOR:         Yes, OCC NO.       O (additional documents may be required, see instructions)       Charitable Religious Hospital Scientific Othe         TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing)       Not TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing)       Not TAX EXEMPT GOVERNMENT AGENCY         Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any acconstance of the best of my knowledge and belief.       TILE         WE OF CLAIMANT       TITLE       TITLE	RIPTION OF PROPERTY USED BY OF	GANIZATIO <mark>N/</mark> PERSON L <mark>IS</mark> TE	ED IN (a) ABOVE (ty		
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 frequent d. DOES THE USER HAVE AN ORGANIZATION CLEARANCE CERTIFICATE (OCC)?  Yes, OCC NO No (additional documents may be required, see instructions) Charitable Religious Hospital Scientific Other 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 237011 Section 237011 Section NOT TAX EXEMPT GOVERNMENT AGENCY  CERTIFICATION  certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any acc statements or documents, is true, correct and complete to the best of my knowledge and belief.  TITLE	ssion not required if submitted with previ tion on that portion used. Check here if s	ous filing or if not requesting	Yes (com		
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 Other     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     NOT TAX EXEMPT GOVERNMENT AGENCY     CERTIFICATION     certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accomplete to the best of my knowledge and belief.     TITLE					
Yes, OCC NO No (additional documents may be required, see instructions) Charitable Religious Hospital Scientific Other 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 NOT TAX EXEMPT GOVERNMENT AGENCY  CERTIFICATION  certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any acc statements or documents, is true, correct and complete to the best of my knowledge and belief.  TITLE	JENCY OF USE (daily, once per week,	etc):		C. RENT OR FEES	RECEIVED FROM USER (amount and frequency):
NTERNAL REVENUE CODE:       Section 501(c)(3)       Section 501(c)(4)       REVENUE AND TAXATION CODE:       Section 23701d       Section 23701f       Section         NOT TAX EXEMPT       GOVERNMENT AGENCY       CERTIFICATION         CERTIFICATION         certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accontext of my knowledge and belief.         ME OF CLAIMANT					·
certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any acc statements or documents, is true, correct and complete to the best of my knowledge and belief.	L REVENUE CODE: Section 501(c	(3) Section 501(c)(4) RE SENCY	EVENUE AND TAXA	ibmitted with a prev TION CODE: S	rious filing) iection 23701d  Section 23701f  Section 2370
AME OF CLAIMANT TITLE		under the laws of the State	of California that		
IGNATURE OF CLAIMANT DATE		r aocuments, is true, correc	ct and complete to		nowledge and belief.
	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.

