267-0-R00-1016-34000417-1 BOE-267-O (P1) (10-16) WELFARE EXEMPTION SUPPLEMENTAL		CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200	
ORGANIZATIONS AND PERSONS USING CLAIMANT'S REAL PROPERTY This claim is filed for fiscal year 20 20 This is a Supplemental Affidavit filed with:	GLIFORNIA	Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov	
BOE-267, Claim For Welfare Exemption (First BOE-267, A, 20 Claim For Welfare Exemption (First	st Filing) emption (Annual Filing)		
Section 1. Identification of Claimant/Owner and Pro			
LEGAL NAME OF ORGANIZATION		CORPORATE OR LLC ID NO. (if any)	
ADDRESS OF PROPERTY (number and street)	CITY	ASSESSOR'S PARCEL/ASSESSMENT NUMBER	
Section 2. Organizations and Persons Using Owne Total Number of Users:	r's Real Property (Attach additiona	al copies of this form, if necessary)	
Part A			
a. NAME OF ORGANIZATIONS OR PERSON (including DBA	name, if applicable)		
b. PHONE NUMBER OR EMAIL ADDRESS		c. NEW USER THIS YEAR? Yes No	
d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION	V/PERSON LISTED IN (a) ABOVE (type	of property and portions of property used, including square footage):	
e. CURRENT LEASE OR AGREEMENT ATTACHED?		QUESTED ON THE PORTION OF PROPERTY USED BY THIS USEF art B for this user)   No (no further information required for this use	
Part B			
a. DESCRIPTION OF THE USER'S USE OF THE PROPERTY	r:		
b. FREQUENCY OF USE (daily, once per week, etc):	c. RENT OR FEES	RECEIVED FROM USER (amount and frequency):	
d. DOES THE USER HAVE AN ORGANIZATIONAL CLEARAI		e. PURP <mark>OSE(S) ORGANIZ</mark> ED FOR:	
Yes, OCC NO No (additional docume	ents may be required, see instructions)	Charitable Religious Hospital Scientific Other	
f. TAX EXEMPT STATUS (check applicable box and submit co INTERNAL REVENUE CODE: Section 501(c)(3) Sec NOT TAX EXEMPT	ppy of tax exempt status letter, if not subr tion 501(c)(4) REVENUE AND TAXATI	mitted with a previous filing) ON CODE: Section 23701d Section 23701f Section 237	
Part A			
a. NAME OF ORGANIZATIONS OR PERSON (including DBA	name, if applicable)		
b. PHONE NUMBER OR EMAIL ADDRESS		c. NEW USER THIS YEAR? Yes No	
d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION	N/PERSON LISTED IN (a) ABOVE (type	of property and portions of property used, including square footage):	
e. CURRENT LEASE OR AGREEMENT ATTACHED? ☐ Yes ☐ No, submitted with a previous filing ☐ No w		QUESTED ON THE PORTION OF PROPERTY USED BY THIS USER	
Part B			
A. DESCRIPTION OF THE USER'S USE OF THE PROPERTY			
b. FREQUENCY OF USE (daily, once per week, etc):	c. RENT OR FEES F	c. RENT OR FEES RECEIVED FROM USER (amount and frequency):	
d. DOES THE USER HAVE AN ORGANIZATION CLEARANCE	E CERTIFICATE (OCC)?	e. PURPOSE(S) ORGANIZED FOR:	
	ents may be required, see instructions)	Charitable Religious Hospital Scientific Other	
f. TAX EXEMPT STATUS (check applicable box and submit co INTERNAL REVENUE CODE: Section 501(c)(3) Sect		nitted with a previous filing) DN CODE: Section 23701d Section 23701f Section 2370	
	CERTIFICATION		
		e foregoing and all information hereon, including any accompane best of my knowledge and belief.	
		TITLE	
NAME OF PERSON MAKING CLAIM		DATE	
THIS DOCU	MENT IS SUBJECT TO PUI		
EF-2670-R00-1016-34000417			

## 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, the claimant/owner may 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 property.

# 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.
- 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 operated 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.

