		ST STAL OF	Gus Kramer
RECOULR ASSESSMENT       http://www.cccounty.us/sasesor         SUPPECMITAL ASSESSMENT       Year:         Information for Property No.       Year:         Andre or any anization       Year:         I Conner only       Operator only       Owner-Operator         I Columat is comer, name of operator is       I         If daimant is primarity:       (check only one)       1. the primary:         (check only one)       1. charitable       2. other (explain)         B. Use of property       I. the data is used for is: (check only one)       i. medical (not hospital)         B. Commercial       [. fund raising       j. recreational         C. ducational       g. hospital       k. rehabilitation         I. administration       i. fund raising       i. informational         J. D. Other (explain)       S. commercial       f. fund raising         J. Other (explain)       c. in excess of that reasonably necessary       d. used to house personed whose presence is not institutionally necessary         J. In your opinion are services and expenses excessive?       I. in our opinion of property for boendif of prosons         J. In your opinion are services and expenses excessive?       I. was the origitant:         J. In your opinion are services and expenses excessive?       I. b. Our any on thome operations enhance anyone's private gain?	OE-269 <b>VE</b>	P-FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTION	2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488
SUPPLEMENTAL ASSESSMENT         Name of organization         Address of this property         Owner only       Owner-Operator         Date of last inspection of property         If damant is owner, name of operator is         If damant is primarily:         (check only one)       1. charitable         D. Use of property         1. The primary activity the property is used for is: (check only one)         a. administration       e. fratemal and lodge meetings         i. informational       g. hospital         administration       e. fratemal and lodge meetings         i. informational       g. hospital         administration       c. fratemal and lodge meetings         i. informational       g. hospital         administration       e. fratemal and lodge meetings         i. informational       g. hospital         b. Other(explain)       c. in excess of that reasonably necessary         d. used for house personnel whose presence is not institutionally necessary         ff answer is yese, exp		REGULAR ASSESSMENT	
Name of organization         Address of this property       Iterat: ox, 20 0000         Owner only       Operator only       Owner-Operator         If daimant is owner, name of operator is       Iterat: ox, 20 0000         If daimant is primarity:       (check only one)       Iterat: ox, 20 0000         If daimant is primarity:       (check only one)       Iterat: ox, 20 0000         Image: Internation Image: Internation Image: Imag			
Address of this property			
□ Owner only       □ Owner-Operator       Date of last inspection of property         If claimant is operator, name of owner is	Na		
If claimant is owner, name of owner is         If claimant is operator, name of owner is         Claimant is primarity:         (check only one)       1. tharitable         2. Other activity the property is used for is: (check only one)         1. The primary activity the property is used for is: (check only one)         a. administration       c. fratemal and lodge meetings         b. commercial       f. fund raising         c. educational       g. hospital         c. educational       g. hospital         b. Other activities the property is used for are:       a. List letters used in B1         b. Other activities the property is used for are:       a. List letters used in B1         b. Other activities the property for benefit of persons       c. in excess of that reasonably necessary         c. Operation of property for benefit of persons       . used to rented         1. In your opinion are services and expenses excessive?       Yes       No         If answer is yes, explain:       .       Yes       No         f answer is yes, explain:       .       Did owner file an exemption claim?       Yes       No         f answer is yes, explain:       .       Did owner file an exemption claim?       Yes       No         f answer is yes, explain:       .       Did owner file an exemption claim?       Yes <td>Au</td> <td>(street, city, zip cod</td> <td>e)</td>	Au	(street, city, zip cod	e)
If claimant is operator, name of owner is         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)       i. medical (not hospital)         a. administration       e. fraternal and lodge meetings       i. medical (not hospital)         b. commercial       f. thurd raising       j. recreational         c. ducational       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         b. Other 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       d. used to house personnel whose presence is not institutionally necessary       d. used to house personnel whose presence is not institutionally necessary         1. In your opinion do operations enhance anyone's private gain?       Yes       No         franswer is yee, explain:			
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)       i. medical (not hospital)         B. administration       C. fratemal and lodge meetings       i. medical (not hospital)         C. ocmmercial       G. fund raising       i. recreational         C. educational       G. housing       I. informational         M. to part (write in all or part where applicable) of the property is: a leased or rented       .         D. Other activities the property for bonefit of persons       .         1. In your opinion are services and expenses excessive?       Yes         1. In your opinion are services and expenses excessive?       Yes         1. In your opinion are bediamant's proposed new capital investment, if any, necessary?       Yes         1. Station of property (as of applicable lien date) is recorded in exact name of claimant       Yes         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?         D. Ownership of real property use			
1. The primary activity the property is used for is: (check only one)       i. medical (not hospital)         a. administration       e. fratemal and lodge meetings       i. medical (not hospital)         b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         m. other (explain)       .       informational         3. All or part (with 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 presonel whose presence is not institutionally necessary         C. Operation of property for benefit of persons       1       In your opinion are services and expenses excessive?       Yes       No         1. In your opinion the calamant's proposed new capital investment, if any, necessary?       Yes       No         1. fanswer is no, explain:		(check only one) 1. charitable 2. other (explain)	
a. administration       e. fratemal and lodge meetings       i. medical (not hospital)         b. commercial       f. fund raising       j. recreational         c. ducational       g. hospital       j. recreational         d. farming       h. housing       i. informational         m. other (explain)       .       .         3. All or part (write in all or part where applicable) of the property is: a. leased or rented	В.		
b. commercial       f. fund raising       j. recreational         c. educational       g. hospital       k. rehabilitation         d. farming       h. housing       l. informational         m. 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       c. in excess of that reasonably necessary       .         C. Operation of property for benefit of persons       .       .         1. In your opinion are services and expenses excessive?       res       No         1. In your opinion do operations enhance anyone's private gain?       res       No         1. In your opinion the claimant's proposed new capital investment, if any, necessary?       res       No         1. fanswer is yee, explain:       .       .       .       No         1. answer is no, explain:       .       .       .       .       .         2. Buyou ropinion is the claimant's proposed new capital investment, if any, necessary?       res       No         1. fanswer is no, explain:       .       .       .       .       .       No turn opinion is the claimant's name):       .       .       .       .       .       No         1. Date of change in ownership       .			
2. Other activities the property is used for are:       a. List letters used in B1         b. Other (explain)		b. commercial     Image: f. fund raising       c. educational     Image: g. hospital	<ul> <li>j. recreational</li> <li>k. rehabilitation</li> </ul>
2. Other activities the property is used for are:       a. List letters used in B1         b. Other (explain)		m. other <i>(explain)</i>	
3. 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 benefit of persons       In your opinion are services and expenses excessive?       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:		b. Other( <i>explain</i> )	
house personnel whose presence is not institutionally necessary         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 claimant'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       No         Ownership of real property (as of applicable lien date) is recorded in exact name of claimant         If answer is no, explain:			
C. Operation of property for benefit of persons       In your opinion are services and expenses excessive?       Ives       No         If answer is yes, explain:		b. vacant or unused c. in excess of that reasonably n	ecessary d. used to
1. In your opinion are services and expenses excessive?       Yes       No         If answer is yes, explain:			
2. In your opinion do operations enhance anyone's private gain?       I yes   No         If answer is yes, explain:       I your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes   No         If answer is no, explain:       I yes of the claimant's property (as of applicable lien date) is recorded in exact name of claimant       Yes   No         If answer is no, explain:         If answer is no, explain:       If answer is no, explain:       If answer is no, explain:       If answer is no, explain:         If answer is no, explain:       If answer is no, explain:       If answer is no, explain:       If answer is no, explain:         If answer is no, explain:       If answer is no, explain:       If answer is no, explain:       If answer is no, explain:         If answer is no, explain:       If answer is no, explain:       If answer is no, explain:       If answer is no, explain:         If answer is no, explain:       If answer is no, explain:       If answer is no, explain:       If answer is no, explain:         If answer is no, explain:       If answer is no, explain:       If answer is no, explain:       If answer is no, explain:         If answer is no, explain:       If an any any any any any any any any any		1. In your opinion are services and expenses excessive?	
3. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is no, explain:		2. In your opinion do operations enhance anyone's private gain?	
D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       No         If answer is no, explain:		3. In your opinion is the claimant's proposed new capital investment, if any, necess	
E.       Supplemental Assessment (in claimant's name):         1.       Date of change in ownership	D.	Ownership of real property (as of applicable lien date) is recorded in exact name of claimant	
E.       Supplemental Assessment (in claimant's name):         1.       Date of change in ownership			ner file an exemption claim?  Yes  No
Ownership in name of claimant?         2. Date of completion of new construction         Explain what was constructed         3. Date put to exempt use         a. Date put to exempt use         a. Date put to exempt use         b. Date completion of the property is put to an exempt use, describe exempt and nonexempt portions in detail         complete address including zip code         complete address i	E.	Supplemental Assessment (in claimant's name):	
<ul> <li>2. Date of completion of new construction</li></ul>			
<ul> <li>3. Date put to exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail</li> <li>4. Notice: date mailed Not maile</li> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li> <li>7. A claim for veterans' organization exemption on this property: <ol> <li>was filed last year Yes</li> <li>No</li> <li>in was filed last year, but claimed on another property located at</li></ol></li></ul>		2. Date of completion of new construction	
<ul> <li>4. Notice: date mailed Investigation from Supplemental Assessment was filed with Assessor</li></ul>		3. Date put to exempt use	If only a portion of the property is put to an
<ul> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li></ul>			
<ul> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li></ul>			
F. A claim for veterans' 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			
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	F.		
3. was not filed last year, but claimed on another property located at		1. was filed last year  Yes  No 2. is new this year  Yes  No	
G. Recommendation: 1. Approval 2. Denial (all) (bench constant on the denied) Date Inspection for Assessed		3. was not filed last year, but claimed on another property located at	
Reason for denial (if partial denial, identify specific area to be denied)   Date	G.		
Date, Assess		Reason for denial (if partial denial, identify specific area to be denied)	

