EF-267-O-R00-1016-32000672-1 BOE-267-O (P1) (10-16)

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT ORGANIZATIONS AND PERSONS USING CLAIMANT'S REAL PROPERTY



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This claim is filed for fiscal year 20 20 20 This is a Supplemental Affidavit filed with:						
BOE-267, Claim For Welfare Exemption (First Filing		m av)				
☐ BOE-267-A, 20 Claim For Welfare Exemption Section 1. Identification of Claimant/Owner and Property	ı (Allılual Filli	rig)				
LEGAL NAME OF ORGANIZATION				С	ORPORATE OR LLC	ID NO. (if any)
PRESS OF PROPERTY (number and street)			ASSESSOR'S PARCEL/ASSESSMENT NUMBER			
Section 2. Organizations and Persons Using Owner's Rea	al Property (Attach additiona	al copie	⊥ es of this form. i	f necessary)	
Total Number of Users:	. , ,		•	,	,,	
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			
		If yes, date use began:				
d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERS	ON LISTED IN	(a) ABOVE (type	of prope	erty and portions	of property used, inc	luding square footage):
e. CURRENT LEASE OR AGREEMENT ATTACHED?	LEASE OR AGREEMENT ATTACHED? f. IS EXEMPTION REQUESTED				RTION OF PROPERT	Y USED BY THIS USER?
Yes No, submitted with a previous filing No written ag	reement	Yes (complete Part B for this user)			lo (no further informa	ation required for 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	RECEIV	VED FROM USEF	R (amount and freque	ency):
d. DOES THE USER HAVE AN ORGANIZATIONAL CLEARANCE CE	RTIFICATE (O	CC)?	e. PURF	POSE(S) ORGAN	NIZED FOR:	
Yes, OCC NO. No (additional documents ma	y be required,	see instructions)	Cha	aritable 🔲 Religio	us 🗌 Hospital 🔲 S	cientific Other
f. TAX EXEMPT STATUS (check applicable box and submit copy of ta INTERNAL REVENUE CODE: Section 501(c)(3) Section 501	x exempt statu I(c)(4) REVEN	s letter, if not sub NUE AND TAXATI	mitted w	vith a previous filir DE:	ng) 3701d Section 2	23701f Section 23701v
Part A						
a. NAME OF ORGANIZATIONS OR PERSON (including DBA name,	if annlicable)					
a. NAME OF CHOANZATIONS OF FEROON (Including DBA Hame,	п аррпсаыс)					
b. PHONE NUMBER OR EMAIL ADDRESS				c. NEW USER TI	HIS YEAR? Yes	s \square No
		If yes, date use began:				
d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERS	ON LISTED IN	I (a) ABOVE (type	of prope			luding square footage):
B. CURRENT LEASE OR AGREEMENT ATTACHED?	f. IS	EXEMPTION RE	QUESTE	ED ON THE POR	RTION OF PROPERT	TY USED BY THIS USER?
Yes No, submitted with a previous filing No written ac	reement	Yes (complete Part B for this user) No (no further information required for this user)				
Part B	´ L	, red (demplete i	uit B 101	4001)	io (no tarator illiornic	
a. DESCRIPTION OF THE USER'S USE OF THE PROPERTY:						
o. FREQUENCY OF USE (daily, once per week, etc):	c. 1	RENT OR FEES	RECEIVI	ED FROM USER	(amount and freque	ncy):
d. DOES THE USER HAVE AN ORGANIZATION CLEARANCE CERT	IFICATE (OCC)?	e. PUR	RPOSE(S) ORGA	NIZED FOR:	
Yes, OCC NO No (additional documents ma	y be required.	see instructions)		, ,	ous 🗌 Hospital 🗍 🤅	Scientific Other
f. TAX EXEMPT STATUS (check applicable box and submit copy of ta			nitted wit	ith a previous filin	g)	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

INTERNAL REVENUE CODE: Section 501(c)(3) Section 501(c)(4) REVENUE AND TAXATION CODE: Section 23701d Section 23701f Section 23701w

TITLE

DATE

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.



NOT TAX EXEMPT

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

EF-267-O-R00-1016-32000672

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.

