BOE-267-A (P1) REV. 23 (05-22)

20 ____ CLAIM FOR WELFARE EXEMPTION (ANNUAL FILING)

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15. Organization Name and Mailing Address: (Make necessary corrections in



Kaenan Whitman Tuolumne County Assessor-Recorder

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

ink to the	printed	name and address.)	Property Location:						
			This organization owns rents/	leases the real property at this location:					
			Property No.: Clas	se.					
receivin	a the e	organization received the Welfare Exemption for all or pa exemption for the property you own at this location, you n red for each location. The Assessor may contact you for	nust complete, sign and return this claim form	le location listed above. To continue to the Assessor. A separate claim					
A. If you	u no lo	nger seek an exemption at this location, check here \Box , s	ign and return this form to the Assessor. Date	e Vacated:					
B. If you	ur orga	nization is dissolved and therefore no longer needs an Or	ganizational Clearance Certificate, check here						
C. Cheo	ck, if cł	anged within the last year: 🛛 Mailing Address	Organization Name						
D. Does	s your o	organization have a valid <i>Organizational Clearance Certifi</i>	cate (OCC) issued by the State Board of Equa	alization? 🏾 Yes 🗌 No					
		mended the organization's formative documents (i.e., arti	cles of incorporation, constitution, trust instrur	ment, articles of organization) since					
last year? Yes No If yes , please mail a copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, P.O. Box 942879, Sacramento, CA 94279-0064. Please include your OCC number. Note to Assessor's Office: If the organization is dissolved or the formative									
		acramento, CA 94279-0064. Please include your OCC n re amended, please forward a copy of this page to the Bc		ization is dissolved or the formative					
		mation on the reverse side before completing. All question		y question is "YES," explain in an					
		complete the referenced form. Contact the Assessor if	any forms referenced below are needed to co	omplete this application.					
-		perty that your organization owns at this location: perty (land/buildings/improvements)							
		perty (land/buildings/improvements)	property Taxable Possessory Interes	it is a second se					
] 1.	Have any of the activities or use on any portion of the pro of the change in activities or use.	perty that received an exemption last year cha	anged? If yes, attach an explanation					
	2.	Is any portion of this property being used for exempt pur	poses that was not being used in that manner	last year?					
	3.	any portion of this property vacant or unused? If yes , since (date) Area (sq.ft.)							
	4.	Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are part of a planned, formal rehabilitation program may be example if BOE 267. B is filed with this claim.)							
formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.) 5. Is any portion of the property used for living quarters? If yes, check one:									
] 0.	Transitional / emergency shelter							
		Low-income housing (check one)							
		 Owned by a non-profit organization or eligible li 	mited liability company. submit BOE-267-L						
Owned by a home of gardization of engine influence inability company, <u>submit DOL-207-L</u> Owned by a limited partnership, <u>submit BOE-267-L1</u>									
		Housing for senior or handicapped, <u>submit BOE-267-H</u> unless care or services are provided or the property is financed by the federal government under, but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws.							
		Living quarters associated with a rehabilitation prog	ram, <u>submit BOE-267-R</u>						
		Other - If you claim exemption for this portion, subm with a statement indicating that housing continues to	nit documentation including the occupant's poso o be used for the organization's exempt purpo	sition or role in the organization, se. (See "Housing" on reverse.)					
	6.	6. Do other persons or organizations use any of this property? If yes, <u>submit BOE-267-O</u> if real property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor.							
	7.	Did this or any portion of this property generate taxable Revenue Code? If yes , see "Unrelated Business Taxable		fined in section 512 of the Internal					
	8.	Have the organization's income and/or expenses increa recent and the prior year's complete financial statements	sed by more than 25 percent since last year?	If yes , attach a copy of your most					
	9.	Is there any equipment or property at this location that is and a description of the property. This property may be ta	leased or rented to the claimant? If yes , prov	vide the owner's name and address					
NAME OF	PERSO	N TO CONTACT FOR ADDITIONAL INFORMATION (please print)	······································	DAYTIME TELEPHONE					
				()					
I	certify	(or declare) under penalty of perjury under the laws of the any accompanying statements or documents, is true,	5 5	, S					
SIGNATUR	RE OF C	LAIMANT	TITLE	DATE					
EMAIL AD	DRESS								

ASSESSOR'S USE ONLY

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

Reason(s) for Denial:

Approved: ALL PART Denied



BOE-267-A (P2) REV. 23 (05-22)

GENERAL INFORMATION

The Welfare Exemption is available only to property, real or personal, **owned** by a religious, charitable, hospital, or scientific organization and **used exclusively** for religious, charitable, hospital, or scientific purposes. It is also available on a taxable possessory interest in publically owned real property used for exempt purposes by an organization that qualifies for the welfare exemption. A public owner is a local, state or federal agency.

To be eligible for the full exemption, the claimant **must** file a claim each year on or before February 15. Only 90 percent of any tax, penalty, or interest may be canceled or refunded when a claim is filed between February 16 and December 31 of the current year. If the application is filed on or after January 1 of the next year, only 85 percent of any tax, penalty, or interest may be canceled or refunded. The tax, penalty, and interest for a given year may not exceed \$250. A separate claim must be completed and filed for each property for which exemption is sought.

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.

ORGANIZATIONAL CLEARANCE CERTIFICATE

The Assessor may not approve a property tax exemption claim until the claimant has been issued a valid *Organizational Clearance Certificate* (OCC) by the State Board of Equalization. If you are seeking exemption on this property, you must provide the organization's OCC No. and date issued. A listing of organizations with valid OCCs is available on the Board's website (*www.boe.ca.gov*) and can be accessed at *www.boe.ca.gov/proptaxes/welfareorgeligible.htm*. You may also contact the Board at 1-916-274-3430.

HOUSING

If question 5, box "**Other**" is checked, describe the portion of the property used for living quarters (since January 1 of the prior year). Submit (1) documentation, including tenets, canons, or written policy, that indicates the organization requires housing be provided to employees and/or volunteers, or (2) include statement why such housing is incidental to and reasonably necessary for the exempt purpose of the organization. If the documentation described in items (1) or (2) has been submitted in a previous year for this location, please submit documentation including the occupant's position or role in the organization with a statement indicating that the housing continues to be used for organization's exempt purpose.

USE OF THE PROPERTY BY OTHER ORGANIZATIONS

If question 6 is answered **yes**, and your organization's real property is used by another party submit BOE-267-O. If another party only uses your personal property, then submit an attachment providing the requested information for such personal property and confirm that no real property is used by other parties. The lease does not need to be provided if furnished in a prior year.

UNRELATED BUSINESS TAXABLE INCOME

If question 7 is answered yes, you must attach the following to the claim:

- the organization's information and tax returns, including Form 990-T, filed with the Internal Revenue Service for its immediately preceding year;
- a statement setting forth the amount of time devoted to the organization's income-producing and to its non income-producing activities and, where applicable, a description of that portion of the property on which those activities are conducted;
- a statement listing the specific activities and locations which produce unrelated business taxable income; and
- a statement setting forth the amount of income of the organization that is attributable to activities in this state and is exempt from income or franchise taxation and the amount of total income of the organization that is attributable to activities in this state.

		ASSESSOR'S US	SE ONLY						
		ASSESSED VA	LUES						
ITEM	тотя	AL ASSESSED VALUE OF:							
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL				
ITEM	EXE	EXEMPTION ALLOWED							
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL				
If another exemption, such as	the church, religious, e	etc., was allowed this year o	n a portion of the property des	cribed in the claim, ind	icate the type and				
amount of the exemption:	(type)	φ(amount)							
		B							
			(Assessor or designee)		(date)				