BOE-267-A (P1) REV. 24 (05-24)

20 CLAIM FOR WELFARE **EXEMPTION (ANNUAL FILING)**



Sendy Perez

Assessor 516 W. Sycamore St., 2nd Floor Willows CA 95988 Phone: (530) 934-6402 Fax: (530) 934-6571

me and address;) This organization owns rents/lease the real property at this loc This organization incleaved the Welfare Exemption for all or part of the property your organization owns at the location listed above. To continue of the exemption for the property you want this location, you must complete, sign and return this damit form to the Assessor. A separate of mis required for each hocation. The Assessor may contactly for forganizational contents. If you no longer seek an exemption at this location, check here sign and return this form to the Assessor. Date Vacated: If you no longer seek an exemption at this location, check here sign and return this form to the Assessor. Date Vacated: If you or organization have a valid Organizational Clearance Certificate, check here Dees your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization. County-Assessed Properties Division. Aya2878. Sacremento, CA 94279-D64. Please india copy of the amendment to the State Board of Equalization. County-Assessed Properties Division. Aya2878. Sacremento, CA 94279-D64. Please india copy of the parender of the property in answer of any question is "rES," explain in tachment or omplete the referenced form. Contact the Assessor if any forms referenced bia complete this agalication. Ret de information on the reverse side before complete. All questions must be answered. If the answer to any question is "rES," explain in tachment or omplete the activities or use on any portion of the property is financed by the face of example. Ret de information of this property wade tor unused? If yee, site (date) Area (sqtt		
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 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Interverse Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your n recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and addrescription of the property. This property may be taxable as it is not owned by the claimant. ME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) 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. 	a list describing what is used, the name of the user, the amoun	s, <u>submit BOE-267-O</u> if real property is used; for personal property attack received by claimant (if any) and a copy of the lease agreement if no
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() 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.	and a description of the property. This property may be taxable a	s it is not owned by the claimant.
any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.	ME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)	DAYIME IELEPHONE
SNATURE OF CLAIMANT TITLE DATE		
	SNATURE OF CLAIMANT TITLE	DATE
AILADDRESS		



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 Certi icate (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 USE ONLY								
ASSESSED VALUES								
ITEM	TOTAL ASSESSED VALUE OF:							
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL			
ITEM	EXEMPTION ALLOWED							
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL			
If another exemption, such as t	ne church, religious, etc	c., was allowed this year o	n a portion of the property desc	cribed in the claim, ind	icate the type and			
amount of the exemption:		\$						
	(type)	(amount)						
		By(Assessor or designee)			(date)			

