#### 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 ink to the printed name and address.)



Property Location:

# **Xochitl Marina Camacho Monterey County Assessor**

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

<ol> <li>Has the use on any portion of the property bar cevend purposes that was not being used in that manner last year?</li> <li>Is any portion of this property vacant or unused? If yes, since (date) Area (sq.ft.)</li></ol>		This organization owns rents/leases this location:
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ear?       Yes       No. If yes, please mail an endorsed copy of the amendment to the State Board of Equalization, County-Assessed Properties Di Ox Dox 942879. OBC A Please induce your OCC number. (NOTE TO ASSESSOR STAFE: If the organization is dissolved mative documents were amended, please forward a copy of this page to the Board of Equalization.)         he Assessor may ask for additional information. If you do not provide such information, it will result in denial of your claim for example arefully read the information on the reverse side before completing. All questions must be answered. IF THE ANSWER TO ANY QUESTION IS "XPLAININ "REMARKS' OR ON AN ATTACHMENT. Contact the Assessor immediately if special forms are needed to complete this application.         Since January 1, last year:	yes, enter OCC No and date issued	
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2. Is any portion of this property being used for exempt purposes that was not being used in that manner last year?   3. Is any portion of this property vacant or unused? If yes, since (date)   4. Is any portion of this property used as retail outlet or for other fundraising purposes? (Note: Thrift stores which are part of a pla formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.)   5. Is any portion of the property used for inging quarters (other than low-income housing or housing for the elderly or handicapped listed questions 6 or 77? If yes, and you claim exemption for this protion, submit documentation including the occupant's position or role organization including a statement indicating that the housing continues to be used for organization's exempt purpose (see Housing reverse) or, if living quarters associated with a rehabilitation program, submit BOE-267-R.   6. Is this property used as low-income housing? If yes, and the property is owned by a limited partnership. BOE-267-L1 must be submitted to company, BOE-267-L1 must be submitted.   7. Is this property used as lacility for the elderly or handicapped? If yes, please provide a list including the name of user, frequency of us square footage used. (See Owner/Operator on reverse.)   8. Do other persons or organizations use any of this property? If yes, please provide a list including the name of user, frequency of us square footage used. (See Owner/Operator on reverse.)   9. Id this or any portion of the property to expenses increased by more than 25 percent since last year? If yes, attach a copy of your recent and the prior year's complete financial statements.   9. Id this or any portion of the property. This property is thanced by more than 25 percent since last year? If yes, attach a copy of your recent and the prior year's complete financial statements.  <		n exemption last year changed?
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IAME 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.  IGNATURE OF CLAIMANT  ITTLE  ASSESSOR'S USE ONLY  Approved:  ALL PART Denied Reason(s) for Denial:	and a description of the property. This property is taxable a	eased or rented to the claimant? If <b>yes,</b> provide the owner's name and ac as it is not owned by the claimant.
( ) 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. IGNATURE OF CLAIMANT ITTLE DATE ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:	EMARKS (attach separate sheet if necessary)	
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#### **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.

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. In no case, however, is the tax, penalty, and interest for a given year to exceed \$250. A separate claim must be completed and filed for each property for which exemption is sought.

## ORGANIZATIONAL CLEARANCE CERTIFICATE

According to statutory provisions, the Assessor may not approve a property tax exemption claim until the claimant has been issued a valid *Organizational Clearance Certificate* issued 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 *Organizational Clearance Certificates* is available on the Board's website at *www.boe.ca.gov* and can be accessed through 1) Property Taxes, 2) Welfare and Veteran's Organization Exemption, 3) List of Eligible Organizations. You may also contact the Board at 916-274-3430.

## HOUSING

If question 5 is answered **yes**, 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. (This question is not applicable where the exempt activity **is providing housing**.)

# OWNER/OPERATOR

An organization that uses property belonging to another exempt organization must file and qualify for the exemption if it uses the property **more than once a week**. If that organization does not file and qualify, the owner organization will lose its exemption on any part of their property used by the non-qualifying organization. If an operator (non-owner) of the property files late, the part of the property used by that organization is subje&c to late filing. An organization that uses the property **once a week or less** does not need to file the Welfare Exemption Claim, but must provide evidence of exempt status under section 501 (C)(3) or 501 (C)(4) of the Internal Revenue Code **or** sections 23701d or 23701f of the California Revenue and Taxation Code.

#### UNRELATED BUSINESS TAXABLE INCOME

If question 9 is answered yes, you must attach the following to the claim:

- the organization's information and tax returns, including form 990T, 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.

#### SIGNATURE

An officer or duly authorized representative of the organization **owning** the property must sign the claim. An officer or duly authorized representative of the organization **operating** the property must sign and file a separate claim. If an organization both owns and operates the property, only one claim need be signed and filed with the Assessor.

ASSESSOR'S USE ONLY										
ASSESSED VALUES										
ITEM	LAND	IMP	PERS. PROP	TOTAL	LAND	IMP	PERS. PROP	TOTAL		
If another exemption, such as the church, religious, etc., was allowed this year on a portion of the property										
described in the claim, indicate the type and amount of the exemption:				\$ (amount)						
				Ву		(date)				

