EF-267-A-R15-0513-05000415-1

BOE-267-A (P1) REV. 15 (05-13)

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.

he Assessor by February 15. Drganization Name and Mailing Address: (Make necessary corrections in ink	to the printed								
name and address.)		Property Location:							
		This organization	owns	rents/leases this location	:				
		Property No.:		Class:					
ast year your organization received the Welfare Exemption for all o you must complete, sign and return this claim form to the Assesse exemption on property at locations for which you have not received f you no longer seek an exemption at this location, check here	or. A separate c or filed a claim f sign and return	laim form is required orm, contact the Astronomy to the A	uired for each Assessor immed Ssessor.	location. If you wish the liately.	r this location to receive the				
Check, if changed within the last year: Mailing Address Corp		inizational Olcara	rice ocranicate,	CHECK HEIC					
Does your organization have a valid Org <mark>anizational Clearance</mark> Cert		ued by the State	Board of Equaliz	zation? Yes	No				
f yes, enter OCC No and date issued	tiolog of incorpor	otion constitution	trust in atrumo.	at articles of organizat	ian) ainaa laa				
Have you amended the orga <mark>ni</mark> zation's f <mark>or</mark> mative do <mark>cu</mark> men <mark>ts (</mark> i.e., ar year?									
P.O. Box 942879, Sacramento, CA 94279-0064. Please include you				f the organization is dis	ssolved or the				
ormative documents were amended, please forward a copy of this The Assessor may ask for additional information. If you do no				enial of your claim fo	r exemption				
Carefully read the informatio <mark>n</mark> on the reverse si <mark>de</mark> before com <mark>pletin</mark> g	g. All que <mark>sti</mark> ons r	nust be an <mark>sw</mark> ered	. IF THE AN <mark>S</mark> V	VER TO ANY QUESTIC	ON IS "YES,'				
EXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. Contact the YES NO Since January 1, last year:	e Assessor imme	diately if special f	orms are ne <mark>ede</mark>	d to complete this appl	ication.				
1. Has the use on any portion of the property that rece	ived an exemption	on last year ch <mark>an</mark> g	jed?						
2. Is any portion of this property being used for exempt		Ū		•					
3. Is any portion of this property vacant or unused? If y4. Is any portion of this property used as a retail outle	, ,			stores which are part	of a planned				
formal rehabilitation program may be exempt if BOE			s? (Note. Illilit	stores which are part	or a pianneu				
5. Is any portion of the property used for living quarters questions 6 or 7)? If yes, and you claim exemption organization including a statement indicating that the reverse) or, if living quarters associated with a rehability.	for this portion, ne housing contin	submit documenta nues to be used t	ation incl <mark>ud</mark> ing t for organ <mark>iza</mark> tion	he occupant's position	or role in the				
6. Is this property used as low-income housing? If ye	es, and the prop	erty is owned by	y a nonprofit or	ga <mark>niz</mark> ation or eligible I	imited liability				
7. Is this property used as a facility for the elderly or har	company, BOE-267-L must be submitted. If yes and the property is owned by a limited partnership, BOE-267-L1 must be submitted. Is this property used as a facility for the elderly or handicapped? If yes, BOE-267-H must be submitted unless care or services are provided or the property is financed by the federal government under sections 202, 231, 236, or 811 of the Federal Public Laws.								
8. Do other persons or organizations use any of this progress feeters used (See Owner/Operator on revenue		lease provide a li	ist inc <mark>lud</mark> ing the	name of user, frequen	cy of use and				
9. Did this or any portion of this property generate tall	square footage used. (See Owner/Operator on reverse.) Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Interna Revenue Code? If yes, see "Unrelated Income" on the reverse.								
10. Have the organization's income and/or expenses in recent and the prior year's complete financial statem.	creased by more	e th <mark>an</mark> 25 percent	since last year	? If yes , attach a copy	of your mos				
11. Is there any equipment or property at this location the and a description of the property. This property is tax	nat is leased or re xable as it is not	ented to the claim	na <mark>nt?</mark> If yes, pro imant	vide the owner's name	and address				
REMARKS (attach separate sheet if necessary)		5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m							
NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)				DAYTIME TELEPHONE ()					
I certify (or declare) under penalty of perjury under the laws of any accompanying statements or documents, is	of the State of Ca true, correct and	alifornia that the fo	oregoing and all best of my know	information hereon, involvedge and belief.	cluding				
SIGNATURE OF CLAIMANT	TITLE			DATE					
MAIL ADDRESS									
ASS	SESSOR'S USE	ONLY							
Approved: ALL PART Denied Reason(s) for Den									

Larie Durham

209.754.6356

891 Mountain Ranch Road

San Andreas, CA 95249

Calaveras County Assessor

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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 filling. 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	TOTAL ASSESSED VALUE OF:				EXEMPTION ALLOWED ON:						
	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: \$						unt)					
				By(Assessor or designee)				(date)			

