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

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



EL DORADO COUNTY JON DEVILLE, ASSESSOR 360 FAIR LN. PLACERVILLE, CA 95667 TEL. 530-621-5739

he Assessor by February 15. Organization Name and Mailing Address: (Make necessary corrections in ink to the printed name and address.)	Property Location: This organization owns rents/leases the real property at this loca
	Property No.: Class:
ast year your organization received the Welfare Exemption for all or part of the	property your organization owns at the location listed above. To conti
eceiving the exemption for the property you own at this location, you must com orm is required for each location. The Assessor may contact you for addition	iplete, sign and return this claim form to the Assessor. A separate cl a al information.
A. If you no longer seek an exemption at this location, check here \Box , sign and \Box	return this form to the Assessor. Date Vacated:
3. If your organization is dissolved and therefore no longer needs an Organization	onal Clearance Certificate, check here
C. Check, if changed with <mark>in the last yea</mark> r: 📕 🔲 Mailing Address 📃 Orga	anization Name
D. Does your organization hav <mark>e</mark> a valid O <mark>rga</mark> nizationa <mark>l Clearan</mark> ce Certificate (OC	CC) issued by the State Board of Equalization? 🔲 Yes 🗌 No
f yes , enter OCC No and date issued	
. Have you amended the organization's formative documents (i.e., articles of ir	
ast year? Yes No _I f yes , plea <mark>se</mark> mail a copy of the amendment to the Box 942879, Sacramento, CA 94279-0064. Please include your OCC number. N	
locuments were amended, please forward a copy of this page to the Board of E	
Read the information on the reverse side before completing. All questions mus	
Ittachment or complete the referenced form. Contact the Assessor if any for dentify the property that your organization owns at this location:	ns referenced below are needed to complete this application.
Real property (land/buildings/improvements)	Taxable Possessory Interest
ES NO Since January 1, last year:	
1. Have any of the activities or use on any portion of the property that	<mark>t re</mark> ceived an exe <mark>m</mark> ption last ye <mark>ar</mark> changed? If yes, attach an explana
of the change in activities or use.	
2. Is any portion of this property being used for exempt purposes the	.
3. Is any portion of this property vacant or unused? If yes , since (da	
formal rehabilitation program may be exempt if BOE-267-R is file	fundraising purposes? (Note : Thrift stores which are part of a plan d with this claim.)
5. Is any portion of the property used for living quarters? If yes, cher	ck one:
Transitional / emergency shelter	
Low-income housing (check one)	
Owned by a non-profit organization or eligible limited lia	bility company, <u>submit BOE-267-L</u>
Owned by a limited partnership, <u>submit BOE-267-L1</u>	
federal government under, but not limited to, sections 202	ess care or services are provided or the property is financed by the
Living guarters associated with a rehabilitation program, su	
	mentation including the occupant's position or role in the
	continues to be used for the organization's exempt purpose.
(See "Housing" on reverse.)	
6. Do other persons or organizations use any of this property? If yes a list describing what is used, the name of the user, the amount	s, <u>submit BOE-267-O</u> if real property is used; for personal property at t received by claimant (if any) and a copy of the lease agreement if
previously provided to the Assessor.	
7. Did this or any portion of this property generate taxable "unrela Revenue Code? If yes, see "Unrelated Business Taxable Income	ted business taxable income," as defined in section 512 of the Inte
8. Have the organization's income and/or expenses increased by n recent and the prior year's complete financial statements along w	
 9. Is there any equipment or property at this location that is leased and a description of the property. This property may be taxable as 	or rented to the claimant? If yes , provide the owner's name and add
IAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)	DAYTIME TELEPHONE
	()
I certify (or declare) under penalty of perjury under the laws of the State o	
any accompanying statements or documents, is true, correct	and complete to the best of my knowledge and belief. DATE
	DATE
MAIL ADDRESS	
ASSESSOR'S USE ONLY Approved: ALL PART	Denied Reason(s) for Denial:
THIS DOCUMENT IS SUBJECT	

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 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:	\$					
	(type)	(amount)				
Ву						
		(Assessor or designee)			(date)	

