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

## 20 **CLAIM FOR WELFARE**



# **Robert Menvielle Imperial County Assessor**

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

EXEMPTION (ANNUAL FILING)			
To receive the full exemption, a claimant must complete	e and file ti	his form	witl

he Assessor by February 15. Organization Name and Mailing Address: (Make necessary corrections in ink to the printed	Property Location:						
name and address.)	This organization owns rents/leases the real property at this location						
	Dranath Na						
	Property No.: Class:						
ast year your organization received the Welfare Exemption for all or part of the preceiving the exemption for the property you own at this location, you <b>must</b> comprorm is required for each location. The Assessor may contact you for additiona	olete, sign and return this claim form to the Assessor. <b>A separate claim</b> I information.						
A. If you no longer seek an exemption at this location, check here $\; \bigsqcup$ , sign and re	<u> </u>						
3. If your organization is dissolved and therefore no longer needs an Organization							
C. Check, if changed with <mark>in the last year:                                    </mark>							
If <b>yes</b> , enter OCC No and date issued	5) issued by the State Board of Equalization: 103 [110]						
E. Have you amended the organization's formative documents (i.e., articles of inc							
ast year?							
documents were amended, please forward a copy of this page to the Board of Eq							
Read the information on the reverse side before completing. All questions must attachment or complete the referenced form. Contact the Assessor if any form							
dentify the property that you <mark>r organizatio</mark> n <b>owns</b> at this location:							
Real property (land/buildings/improvements)  Personal property  Since January 1, last year:	☐ Taxable Possessory Interest						
	received an exemption last year changed? If yes, attach an explanation						
of the change in activities or use.							
<ul> <li>2. Is any portion of this property being used for exempt purposes tha</li> <li>3. Is any portion of this property vacant or unused? If yes, since (date</li> </ul>	,						
	fundraising purposes? ( <b>Note</b> : Thrift stores which are part of a planned,						
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	k one:						
☐ Transitional / emergency shelter☐ Low-income housing (check one)							
Owned by a non-profit organization or eligible limited liab	ility 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,							
Living quarters associated with a rehabilitation program, sub							
	mentation including the occupant's position or role in the ontinues to be used for the organization's exempt purpose.						
6. Do other persons or organizations use any of this property? If <b>yes</b> , a list describing what is used, the name of the user, the amount previously provided to the Assessor.	, <u>submit BOE-267-O</u> if real property is used; for personal property attach received by claimant (if any) and a copy of the lease agreement if not						
	ed business taxable income," as defined in section 512 of the Internal " on the reverse.						
<ul> <li>8. Have the organization's income and/or expenses increased by m recent and the prior year's complete financial statements along wit</li> </ul>	ore than 25 percent since last year? If ${\it yes}$ , attach a copy of your most than explanation of increase.						
<ul> <li>9. Is there any equipment or property at this location that is leased o and a description of the property. This property may be taxable as</li> </ul>	r rented to the claimant? If <b>yes</b> , provide the owner's name and address it is not owned by the claimant.						
NAME 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 of							
any accompanying statements or documents, is true, correct a							
SIGNATURE OF CLAIMANT TITLE	DATE						
MAIL ADDRESS							
ASSESSOR'S USE ONLY  Approved: ALL PART Denied Reason(s) for Denial:							
Approvod. LI ALL LI TAINI L							

#### **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:					TOTAL ASSESSED VALUE OF:			
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL				
ITEM	EXEMPTION ALLOWED						EXEMPTION ALLOWED		
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL				
If another exemption, such as t	the church, religious, etc	c., was allowed this year o	on a portion of the property desc	cribed in the claim, inc	dicate the type and				
amount of the exemption:		\$							
	(type)	(amount)							
	By(Assessor or designee)			(date)					



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