EF-267-A-R23-0522-20000094-1 BOE-267-A (P1) REV. 23 (05-22)

# 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



## **Brett Frazier Madera County Assessor**

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

| nk to the printed name and address.)  | Property Location:  |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   | This organization owns rents/leases the real property at this location:   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | Property No.: Class:  |  |  |  |  |  |
| Last year your organization received the Welfare Exemption for all or part of th  | property your organization owns at the location listed above. To continue   |  |  |  |  |  |
| receiving the exemption for the property you own at this location, you <b>must</b> co<br>form is required for each location. The Assessor may contact you for addition——————————————————————————————————— | omplete, sign and return this claim form to the Assessor. <b>A separate claim</b> and information.  |  |  |  |  |  |
| A. If you no longer seek an exemption at this location, check here, sign and return this form to the Assessor. Date Vacated:  |   |  |  |  |  |  |
| B. If your organization is dissolved and therefore no longer needs an Organizational Clearance Certificate, check here  |   |  |  |  |  |  |
| C. Check, if changed with <mark>in the la</mark> st year: Mailing Address Or  | ganization Na <mark>m</mark> e  |  |  |  |  |  |
| D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization? Yes No If yes, enter OCC No and date issued                                  |   |  |  |  |  |  |
| E. Have you amended the organization's formative documents (i.e., articles of incorporation, constitution, trust instrument, articles of organization) since  |   |  |  |  |  |  |
| last year? 🔲 Yes 🔲 No 🔰 🙀 Yes, please mail a copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, P.O.  |   |  |  |  |  |  |
| Box 942879, Sacramento, CA 94279-0064. Please include your OCC number.<br>documents were amended, please forward a copy of this page to the Board of  | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |
| Read the information on the reverse side before completing. <b>All questions m</b>  | ·   |  |  |  |  |  |
| attachment or complete the referenced form. Contact the Assessor if any fo  |   |  |  |  |  |  |
| dentify the property that you <mark>r o</mark> rganization <b>owns</b> at this locati <mark>on:</mark>  |   |  |  |  |  |  |
| Real property (land/buildings/improvements)  Personal propert   | y Taxable <mark>Po</mark> ssessory In <mark>terest</mark>   |  |  |  |  |  |
| YES NO Since January 1, last year:  |   |  |  |  |  |  |
| of the change in activities or use on any portion of the property to  | ha <mark>t received an exemption last year changed? If yes, attach an explanation</mark>  |  |  |  |  |  |
| 2. Is any portion of this property being used for exempt purposes to  | that was not being used in that manner last year?   |  |  |  |  |  |
| 3. Is any portion of this property vacant or unused? If <b>yes</b> , since (o   |   |  |  |  |  |  |
| <ul> <li>4. Is any portion of this property used as a retail outlet or for othe formal rehabilitation program may be exempt if BOE-267-R is file.</li> </ul>  | er fundraising purposes? ( <b>Note</b> : Thrift stores which are part of a planned, led with this claim.)   |  |  |  |  |  |
| 5. Is any portion of the property used for living quarters? If yes, ch  | eck one:  |  |  |  |  |  |
| ☐ Transitional / emergency shelter ☐ Low-income housing (check one)   |   |  |  |  |  |  |
| Owned by a non-profit organization or eligible limited l  | iability company, submit BOF-267-I  |  |  |  |  |  |
| Owned by a limited partnership, submit BOE-267-L1   | ······································  |  |  |  |  |  |
| Housing for senior or handicapped, submit BOE-267-H unl   | ess care or services are provided or the property is financed by the federal  |  |  |  |  |  |
| government under, but not limited to, sections 202, 231, 23  Living quarters associated with a rehabilitation program, s  |   |  |  |  |  |  |
|   | mentation including the occupant's position or role in the organization,  |  |  |  |  |  |
| with a statement indicating that housing continues to be us   | se <mark>d f</mark> or t <mark>he</mark> organization's exempt purpose. (See "Housing" on reverse.)   |  |  |  |  |  |
| a list describing what is used, the name of the user, the amount previously provided to the Assessor.   | es, <u>submit BOE-267-O</u> if real property is used; for personal property attach int received by claimant (if any) and a copy of the lease agreement if not |  |  |  |  |  |
| 7. Did this or any portion of this property generate taxable "unre Revenue Code? If <b>yes</b> , see "Unrelated Business Taxable Income."   | lated business taxable income," as defined in section 512 of the Internal ne" on the reverse.   |  |  |  |  |  |
| 8. Have the organization's income and/or expenses increased by recent and the prior year's complete financial statements along  | more than 25 percent since last year? If <b>yes</b> , attach a copy of your most with an explanation of increase.   |  |  |  |  |  |
| <ul> <li>9. Is there any equipment or property at this location that is leaser and a description of the property. This property may be taxable</li> </ul>   | d or rented to the claimant? If <b>yes</b> , provide the owner's name and address as 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<br>any accompanying statements or documents, is true, correc  |   |  |  |  |  |  |
| SIGNATURE OF CLAIMANT TITLE   | DATE  |  |  |  |  |  |
| EMAIL ADDRESS   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| ASSESSOR'S USE ONLY Approved: ALL PART  | Denied Reason(s) for Denial:  |  |  |  |  |  |
|   |   |  |  |  |  |  |

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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. 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 Certificate* (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 design | (date)   |       |  |  |



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