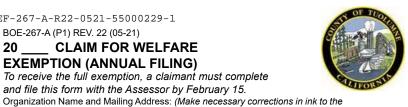
BOE-267-A (P1) REV. 22 (05-21)

#### 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.



# Kaenan Whitman

**Tuolumne County Assessor-Recorder** 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

on:

Property No.: Class:  Last year your organization received the Welfare Exemption for all or part of the property your organization owns at the location listed at Form is required for each location. The Assessor my contact you for additional information. A fly you no longer seek an exemption at this location, cleck here igin and return this form to the Assessor. Date Vacated:  C. Check, if changed within the last year: A fly our organization is dissolved and therefore no longer needs an Organizational Clearance Certificate, check here if C. Check, if changed within the last year: A fly you no longer needs an Organizational Clearance Certificate (QCC) issued by the State Board of Equalization? Yes in the last year: A fly our organization have a valid Organization Clearance Certificate (QCC) issued by the State Board of Equalization? Yes in the last year: A fly you no longer needs an Organization State Board of Equalization. Fly our years and the organization's formative documents (e., articles of incorporation, constitution, trust instrument, articles of on Clast year?) Yes in the organization's formative documents (e., articles of incorporation, constitution, trust instrument, articles of on State State State State Board of Equalization. States State S	property at this loc
Last year your organization received the Welfare Exemption for all or part of the property your organization owns at the location listed at receiving the exemption for the property you own at this location, you must complete, sign and return this claim form to the Assessor. A form is required for each location. The Assessor may contact you for additional information. A. If your organization is dissolved and therefore no longer needs an Organizational Clearance Certificate, check here   C. Check, if changed within the last year: D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization? Yess, enter OCC No. C. Check, if changed within the last year: D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization? Yess, but organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization and the state State State of the organization is dissolved and therefore no Cle number. Net to Assessor Office: If the organization is dissolved by 42078, Secramento, CA 3427-0004. Presente include your OCC number. Net to Assessors Office: If the organization is dissolved by 642078, Secramento, CA 3427-0004. Presente include your OCC number. Net to Assessors Office: If the organization is dissolved by 642078, Secramento, CA 3427-0004. Presente include your OCC number. Net to Assessors of American Assessor interest StateAmerican or anter year 24 is the state organization own at this location. C. Read the information on the every at this location. C. Read property (Ind Obuldings/improvements) P. Personal property is a may contain of the property year and property is a state organization own at this location. C. Read property (Ind Obuldings/improvements) P. Personal property (Yes, since (Late), Second Presente) C. Late any portion of this property used for eventp tupposes that was not being used in the traner last year? C. Is any portion of this property used for e	
eeeving the exemption for the property you own at this location, you must complete, sign and return this claim form to the Assessor. A form is required for each location. The Assessor may contact you for additional information. A. If you no longer seek an exemption at this location, check here $\carbonally out for additional information. B. If your organization is dissolved and therefore no longer needs an Organization largence Certificate, check here \carbonally out organization area. C. Check, if changed within the last year: \carbonally out of additional Clearance Certificate (OCC) issued by the State Board of Equalization? \carbonally out organization area availed Organizational Clearance Certificate (OCC) sused by the State Board of Equalization? \carbonally out of the amendment to the State Board of Equalization. County-Assessed Propert So (49287) Sacramento, CA 94270-0064. Plesse include your OCC number. Note to Assessor: Office: If the organization is dissolved focuments were amended, please forward a copy of the age to the Board of Equalization. Read the information on the everse side before completing. All questions must be answered. If the answer to any question is "YES tratechment or complete the referenced form. Contact the Assessor if any forms referenced below are needed to complete this application they are served is based completing. All questions must be answered. If the answer to any question is write is a singer of the Assessor is any form of this property used or exempt purposes that was not being used in that manner last year? C. S. No. Since January 1, last year: C. Law any of the activities or use on any portion of the property that your organization ways as a trail audite of ro the fundralising purposes? (Note: Thrift stores which are pointally in any portion of this property used or exempt purposes that was not being used in that manner last year? C. J. Have any other and this property used or lenginization program, submit BOE-267-L C. Have the organization program may be exempt if$	
B. If your organization is dissolved and therefore no longer needs an Organizational Clearance Certificate, check here         Check, if changed within the last year:       Mailing Address       Organization Name         D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization?       Yes         Yes, enter OCC No.       and date issued       inclease include your OCC number. Note to Assessor's Office: If the organization is dissolved bournets to (i.e., articles of incorporation, constitution, trust instrument, articles of organization is dissolved bournets or ammed date. Itelases forward a copy of this ages to the Board of Equalization.         Read the information on the reverse side before completing. All questions must be answered. If the answer to any question is "VES interchement or complet the referenced form. Contact the Assessor if any forms referenced below are needed to complete this applicated the change in activities or use.         Conce January 1, last year:       1. Have any of the activities or use.       Taxable Possessory Interest         CS No       Since January 1, last year:       4. Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are p formal tenabilitation program may be exempt if BOE_267.F. It is field with this daim.)         Cormal to any portion of this property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are p formal tenabilitation program may be exempt if BOE_267.F. It is field with this daim.)         Cormal to any portion of this property used as a retail outlet or for other fundraising purp	r. A separate c
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D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization? [ Yes         Yes       inter OCC No	
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ast year?       Yes       No       If yes, please mail a copy of the amendment to the State Board of Equalization, County-Assessed Propentios 948278, Osk 49278, Osk Please Include your OCC number. Note to Assessor's Office: If the organization is dissolved to so what the information on the reverse side before completing. All guestions must be answered. If the answer to any question is "YES" tractament or complete the referenced form. Contact the Assessor' far any forms referenced below are needed to complete this application. The reverse side before completing. All guestions must be answered. If the answer to any question is "YES" the property that your organization owns at this location:         Real property (land/buildings/improvements)       Personal property       Taxable Possessory Interest         Bines January 1, last year:       1. Have any of the activities or use.       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 used as a retail outlet or for other fundaising purposes? (Note: Thrift stores which are p 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 one:       Transitional / emergency shelter         Cow-income housing (check one)       Owned by a limited partnership, submit BOE-267-L1         Owned by a limited partnership, submit BOE-267-L1       Owned by a limited partnership, submit BOE-267-L1         Owned by a limited partnership, submit BOE-267-L1       Owned by a limited partnership, submit BOE-267-L1         Owned by a limited part	∕es _ No
FES NO       Since January 1, last year:         1       Have any of the activities or use on any portion of the property that received an exemption last year changed? If yes, attact of the change in activities or use.         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 used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are p formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.)         5       Is any portion of the property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are p formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.)         6       Is any portion of the property used for living quarters? If yes, check one:         7       Transitional / emergency shelter         1       Low-income housing (check one)         9       Owned by a non-profit organization or eligible limited liability company, <u>submit BOE-267-L</u> 1       Housing for senior or handicapped, <u>submit BOE-267-L1</u> 1       Housing for senior or handicapped, <u>submit BOE-267-L1</u> 1       Housing for shior or handicapped, <u>submit BOE-267-R</u> 1       Other - If you claim exemption for this property if <b>yes</b> , <u>submit BOE-267-R</u> 1       Other - If you claim exemption for this property file yes, <u>submit BOE-267-R</u> 1       Other - I	erties Division, ved or the forma <b>(ES," explain i</b>
of the change in activities or use.	
3. Is any portion of this property vacant or unused? If yes, since (date)       Area (sq.ft.)         4. Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are p 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 one:	tach an explana
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Low-income housing (check one)     Owned by a non-profit organization or eligible limited liability company, <u>submit BOE-267-L</u> Owned by a limited partnership, <u>submit BOE-267-L1</u> Housing for senior or handicapped, <u>submit BOE-267-L1</u> Living quarters associated with a rehabilitation program, <u>submit BOE-267-R</u> Other - If you claim exemption for this portion, submit documentation including the occupant's position or role in the with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" of Do other persons or organizations use any of this property? If <b>yes</b> , <u>submit BOE-267-O</u> if real property is used; for persona a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease previously provided to the Assessor.     7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 51 Revenue Code? If <b>yes</b> , see "Unrelated Income" on the reverse.     8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If <b>yes</b> , attach a correcent and the prior year's complete financial statements along with an explanation of increase.     9. Is there any equipment or property at this location that is leased or rented to the claimant? If <b>yes</b> , provide the owner's na and a description of the property. This property may be taxable as it is not owned by the claimant.     IMME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION ( <i>please print</i> )     Icertify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.     MAIL ADDRESS	
Owned by a non-profit organization or eligible limited liability company, <u>submit BOE-267-1</u> Owned by a limited partnership, <u>submit BOE-267-11</u> Housing for senior or handicapped, <u>submit BOE-267-H</u> unless care or services are provided or the property is finance government under, but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws.     Living quarters associated with a rehabilitation program, <u>submit BOE-267-R</u> Other - If you claim exemption for this portion, submit documentation including the occupant's position or role in the with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing"     6. Do other persons or organizations use any of this property? If <b>yes</b> , <u>submit BOE-267-0</u> if real property is used; for persona a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease previously provided to the Assessor.     7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 51 Revenue Code? If <b>yes</b> , see "Unrelated Income" on the reverse.     8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If <b>yes</b> , attach a creatent and the prior year's complete financial statements along with an explanation of increase.     9. Is there any equipment or property at this location that is leased or rented to the claimant? If <b>yes</b> , provide the owner's na and a description of the property. This property may be taxable as it is not owned by the claimant.     IMME 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 any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.     MAIL ADDRESS	
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<ul> <li>Other - If you claim exemption for this portion, submit documentation including the occupant's position or role in the with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing"</li> <li>Do other persons or organizations use any of this property? If yes, submit BOE-267-0 if real property is used; for persona a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease previously provided to the Assessor.</li> <li>T. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 51 Revenue Code? If yes, see "Unrelated Income" on the reverse.</li> <li>8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a crecent and the prior year's complete financial statements along with an explanation of increase.</li> <li>9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's na and a description of the property. This property may be taxable as it is not owned by the claimant.</li> <li>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.</li> <li>IGNATURE OF CLAIMANT</li> </ul>	nced by the fec
with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing"         indicating that is used, the name of this property? If yes, submit BOE-267-O if real property is used; for personal a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease previously provided to the Assessor.         7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 51 Revenue Code? If yes, see "Unrelated Income" on the reverse.         8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a correct and the prior year's complete financial statements along with an explanation of increase.         9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's nation a description of the property. This property may be taxable as it is not owned by the claimant.         IMME 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 California that the foregoing and all information hereon any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.         IGNATURE OF CLAIMANT       TITLE	· ·
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Revenue Code? If yes, see "Unrelated Income" on the reverse.         Image: Second Se	se agreement if
recent and the prior year's complete financial statements along with an explanation of increase.         9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's na and a description of the property. This property may be taxable as it is not owned by the claimant.         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 of California that the foregoing and all information hereon any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.         IGNATURE OF CLAIMANT       TITLE         MAIL ADDRESS       DATE	
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( ) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.  SIGNATURE OF CLAIMANT TITLE DATE	
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any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. IGNATURE OF CLAIMANT ITILE DATE MAIL ADDRESS	
IGNATURE OF CLAIMANT TITLE DATE	, U
ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:	
THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION	

BOE-267-A (P2) REV. 22 (05-21)

## **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 VA	LUES							
ITEM	TOTAL	ASSESSED VALUE OF:								
Γ	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL					
ITEM	EXEMPTION ALLOWED									
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL					
If another exemption, such as the	e church, religious, et	c., was allowed this year o	n a portion of the property desc	ribed in the claim, inc	licate the type and					
amount of the exemption.		\$								
amount of the exemption:	(type)	(amount)								
		Ву	(Assessor or design		(doto)					
			(Assessor or design	iee)	(date)					