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

20 ____ CLAIM FOR WELFARE



James B Rooney **Assessor of Amador County**

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

EXE	MPTION (ANNUAL	FILING)							
To re	ceive the full exemption,	a claimant	must	complete	and	file	this	form	with
tha 1	ssessor by Eebruary 15								

the Assessor by February 15.	Property Location:
Organization Name and Mailing Address: (Make necessary corrections in ink to the printed name and address.)	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 the preceiving the exemption for the property you own at this location, you must com form is required for each location. The Assessor may contact you for additional	plete, sign and return this claim form to the Assessor. A separate claim
A. If you no longer seek an exemption at this location, check here, sign and r	
3. If your organization is dissolved and therefore no longer needs an Organizatio	
C. Check, if changed within the last year: Mailing Address Orga	anization Name
D. Does your organization have a valid <i>Organizational Clearance Certificate</i> (OC	
If yes, enter OCC No and date issued	
E. Have you amended the organization's formative documents (i.e., articles of in ast year? Yes No If yes , please mail a copy of the amendment to the Box 942879, Sacramento, CA 94279-0064. Please include your OCC number. N documents were amended, please forward a copy of this page to the Board of EcRead 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 your organization owns at this location:	State Board of Equalization, County-Assessed Properties Division, P.O. lote to Assessor's Office: If the organization is dissolved or the formative qualization. If the answer to any question is "YES," explain in an answered below are needed to complete this application.
Real property (land/buildings/improvements) Personal property YES NO Since January 1, last year:	☐ Taxable Possessory Interest
	t received an exemption last year changed? If yes, attach an explanation
2. Is any portion of this property being used for exempt purposes that	at was not being used in that manner last year?
3. Is any portion of this property vacant or unused? If yes , since (dat	,
	fundraising purposes? (Note : Thrift stores which are part of a planned,
5. Is any portion of the property used for living quarters? If yes, chec	•
Transitional / emergency shelter	on one.
Low-income housing (check one)	
Owned by a non-profit organization or eligible limited liab	bility company, <u>submit BOE-267-L</u>
Owned by a limited partnership, submit BOE-267-L1	
 Housing for senior or handicapped, <u>submit BOE-267-H</u> unle federal government under, but not limited to, sections 202, 	ess care or services are provided or the property is financed by the , 231, 236, or 811 of the Federal Public Laws.
Living quarters associated with a rehabilitation program, <u>su</u>	
organization, with a statement indicating that housing of	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 previously provided to the Assessor.	s, <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
	ted business taxable income," as defined in section 512 of the Internal." on the reverse.
8. Have the organization's income and/or expenses increased by m recent and the prior year's complete financial statements along wi	nore than 25 percent since last year? If yes , attach a copy of your most ith an explanation of increase.
	or rented to the claimant? If yes , provide the owner's name and address
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
EMAIL ADDRESS	
ASSESSOR'S USE ONLY Approved: ALL PART	Denied Reason(s) for Denial:



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										
	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)									
By(Assessor or designee)					(date)						



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