EF-267-A-R19-0617-51000540-1

BOE-267-A (P1) REV. 19 (06-17)

20 ___ CLAIM FOR WELFARE

SUTTER COUNTY ASSESSOR 1190 Civic Center Blvd.

Yuba City, CA 95993

KATHY SCRIVEN

Phone: (530) 822-7160 Fax: (530) 822-7198

www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

EXEMPTION (ANNUAL FILING)
To receive the full exemption, a claimant must complete an
file this form with the Assessor by February 15.

			me and Mailing Address:	Property Location:					
				This organization owns ren	ts/leases the real property at this location				
				Dranatti Na i					
L = = 4			a supporting the process and the Welford Transaction for all any part of the	Property No.: Class					
recei	ving	the e	organization received the Welfare Exemption for all or part of the pexemption for the property you own at this location, you must compered for each location. The Assessor may contact you for additional	olete, sign and return this claim form	n to the Assessor. A separate claim				
	-		nger seek an exemption at this location, check here $\; \Box$, sign and re		_				
	•	-	nization is dissolved and therefore no longer needs an Organization						
				nization Name	-li-stica O				
			organization have a valid <i>Organizational Clearance Certificate</i> (OCC OCC No and date issued	issued by the State Board of Equi	alization? Yes No				
			mended the organization's formative documents (i.e., articles of inc						
			Yes No If yes , please mail a copy of the amendment to the Secrements CA 04270 0064. Please include your OCC number No.						
			Sacramento, CA 94279-0064. Please include your OCC number. No ere amended, please forward a copy of this page to the Board of Eq		ization is dissolved or the formative				
			mation on the reverse side before completing. All questions must		y question is "YES," explain in an				
attac	hme	nt o	r complete the referenced form. Contact the Assessor if any form	s referenced below are needed to c	omplete this application.				
Ident	•	•	perty that your organization owns at this location:						
	Rea	al pro	operty (land/buildings/improvements) Personal property	Taxable Possessory Interes	st				
YES	NO		Since January 1, last year:						
			Has the use on any portion of the property that received an exemp	, ,					
			, , , , , , , , , , , , , , , , , , , ,	portion of this property being used for exempt purposes that was not being used in that manner last year?					
			Is any portion of this property vacant or unused? If yes , since (date) Area (sq.ft.)						
			Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note : Thrift stores which are part of a planned formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.)						
П		5. Is any portion of the property used for living quarters (other than transitional or emergency shelter, low-income housing or housing for the elderly or handicapped listed under questions 6 or 7)? If yes , and you claim exemption for this portion, submit documentation including the occupant's position or role in the organization including a statement indicating that the housing continues to be used for organization's exempt purpose (see "Housing" on reverse) or, if living quarters associated with a rehabilitation program, submit BOE-267-R.							
		6.	Is this property used as low-income housing? If yes , and the procompany, submit BOE-267-L. If yes , and the property is owned by	operty is owned by a nonprofit orgy y a limited partnership, submit BOE-	ganization or eligible limited liability 267-L1.				
			Is this property used as a housing for the elderly or handicapped? property is financed by the federal government under, but not limit	ed to, sections 202, 231, 236, or 811	I of the Federal Public Laws.				
		8.	8. Do other persons or organizations use any of this property? If yes, submit BOE-267-O if real property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor.						
		9.	Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes , see "Unrelated Income" on the reverse.						
		10.	Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes , attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase.						
		11.	11. Is there any equipment or property at this location that is leased or rented to the claimant? If yes , provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant.						
NAME	OF P	ERSO	N TO CONTACT FOR ADDITIONAL INFORMATION (please print)		DAYTIME TELEPHONE				
					()				
		I ce	ertify (or declare) under penalty of perjury under the laws of the Stat including any accompanying statements or documents, is true, corr	te of California that the foregoing an rect and complete to the best of my l	d all information hereon, knowledge and helief				
SIGNA	TURE		LAIMANT TITLE	est and complete to the best of my r	DATE				
EMAIL	.ADDF	RESS							
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 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 is answered **yes**, 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. (This question is not applicable where the exempt activity **is providing housing**.)

USE OF THE PROPERTY BY OTHER ORGANIZATIONS

If question 8 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 9 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	nee)	(date)					

