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 ink to the printed name and address.)



Tara K. Freitas County Assessor/Clerk-Recorder

221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

name and address.)	Property Location:							
	This organization owns rents/leases this location:							
	Property No.: Class:							
Last year your organization received the Welfare Exemption for all or part of the p								
you must complete, sign and return this claim form to the Assessor. A separat	e claim form is required for each location. If you wish to receive the							
exemption on property at locations for which you have not received or filed a claim form, contact the Assessor immediately.								
If you no longer seek an exemption at this location, check here , sign and return this form to the Assessor. Additionally, 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 Corporate Name								
Does your organization have a valid Organizational Clearance Certificate (OCC)	issued by the State Board of Equalization?							
If yes, enter OCC No and date issued								
Have you amended the organization's formative documents (i.e., articles of incor								
year? Yes No If yes , please mail an endorsed copy of the amendment								
P.O. Box 942879, Sacramento, CA 94279-0064. Please include your OCC numb formative documents were amended, please forward a copy of this page to the E								
The Assessor may ask for additional information. If you do not provide su								
Carefully read the information on the reverse side before completing. All question								
EXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. Contact the Assessor im	nediately if special forms are needed to complete this application.							
YES NO Since January 1, last year: 1. Has the use on any portion of the property that received an exem	ntion last year changed?							
2. Is any portion of this property being used for exempt purposes that								
3. Is any portion of this property vacant or unused? If yes , since (da	, , , , , , , , , , , , , , , , , , ,							
	fundraising purposes? (Note: Thrift stores which are part of a planned,							
formal rehabilitation program may be exempt if BOE-267-R is file								
questions 6 or 7)? If yes , and you claim exemption for this portio	w-income housing or housing for the elderly or handicapped listed under n, submit documentation including the occupant's position or role in the							
organization including a statement indicating that the housing co	ntinues 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 property is owned by a nonprofit organization or eligible limited liability							
company, BOE-267-L must be submitted. If yes and the property	is owned by a limited partnership, BOE-267-L1 must be submitted.							
7. Is this property used as a facility for the elderly or handicapped? If yes, BOE-267-H must be submitted unless care or services are provided								
or the property is financed by the federal government under sections 202, 231, 236, or 811 of the Federal Public Laws.								
square footage used. (See Owner/Operator on reverse.)	s, please provide a list including the name of user, nequency of use and							
9. Did this or any portion of this property generate taxable "unrela	ted business taxable income," as defined in section 512 of the Internal							
Revenue Code? If yes , see <i>"Unrelated Income"</i> 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 mos recent and the prior year's complete financial statements.								
11. Is there any equipment or property at this location that is leased	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 is taxable as it is a REMARKS (attach separate sheet if necessary)	ot 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	California that the foregoing and all information hereon, including							
any accompanying statements or documents, is true, correct SIGNATURE OF CLAIMANT	and complete to the best of my knowledge and belief.							
	DAIL							
EMAIL ADDRESS								
ASSESSOR'S USE ONLY								
Approved: 🗌 ALL 🔲 PART 🔲 Denied Reason(s) for Denial:								
THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION								
ALE INGE IN NEEDE NAME AND NEEDEN DE NEEDEN DE NEEDEN DE NEEDEN DE								

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.

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. In no case, however, is the tax, penalty, and interest for a given year to exceed \$250. A separate claim must be completed and filed for each property for which exemption is sought.

ORGANIZATIONAL CLEARANCE CERTIFICATE

According to statutory provisions, the Assessor may not approve a property tax exemption claim until the claimant has been issued a valid *Organizational Clearance Certificate* issued 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 *Organizational Clearance Certificates* is available on the Board's website at *www.boe.ca.gov* and can be accessed through 1) Property Taxes, 2) Welfare and Veteran's Organization Exemption, 3) List of Eligible Organizations. You may also contact the Board at 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**.)

OWNER/OPERATOR

An organization that uses property belonging to another exempt organization must file and qualify for the exemption if it uses the property **more than once a week**. If that organization does not file and qualify, the owner organization will lose its exemption on any part of their property used by the non-qualifying organization. If an operator (non-owner) of the property files late, the part of the property used by that organization is subje&c to late filing. An organization that uses the property **once a week or less** does not need to file the Welfare Exemption Claim, but must provide evidence of exempt status under section 501 (C)(3) or 501 (C)(4) of the Internal Revenue Code **or** sections 23701d or 23701f of the California Revenue and Taxation Code.

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 990T, 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.

SIGNATURE

An officer or duly authorized representative of the organization **owning** the property must sign the claim. An officer or duly authorized representative of the organization **operating** the property must sign and file a separate claim. If an organization both owns and operates the property, only one claim need be signed and filed with the Assessor.

ASSESSOR'S USE ONLY									
ASSESSED VALUES									
ITEM	TOTAL ASSESSED VALUE OF:				EXEMPTION ALLOWED ON:				
	LAND	IMP	PERS. PROP	TOTAL	LAND	IMP	PERS. PROP	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:					(amount)				
				Ву	(date)				

