Organization Name and Mailing Address:

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

This organization owns rentsfleeses the real property at this for property No: Est year your organization received the Weffare Exemption for all or part of the property your organization is disable barbow. To contin mit is required for each location. The Assessor may context you for additional information. If you no longer seek an exemption to this location. Check here or gene seek an exemption at this location. Check here or gene seek and exemption to the state Board on Coganizational Clearance Certificate, check here or gene seek and exemption and the additional information. If your organization is disadved and therefore no longer needs an Organizational Clearance Certificate, check here or gene, efter OCC No. organization and clearance Certificate (OCC) issued by the State Board of Equalizational Clearance Developments were gene, efter OCC No. organization and the state Board of Equalizational Clearance Developments (i.e. articles of organization by gene set OCC No. organization by the State Board of Equalizational Clearance Developments were and the information on the reverse side before completing. All questions must be answered. If the answer to any question is disadved or the form active information on the reverse side before completing. All questions must be answered. If the answer to any question is "YES" vegalar to the statement or completic the reference of form. Context the Assessor of any forms information. The property that your organization of the property that received an exemption last year changed? Is any portion of this property theory purposes that was not being used in that manner last year? I. Has the use on any portion of the property that received an exemption last year changed?	Make necessary corrections in ink to the printed name and address.)	Property Location:
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Check, if changed within the last year: Mailing Address Organization Name Does your organization have a valid Organizational Clearance Cartificate (OCC) issued by the State Board of Equalization? Yes No Have you amended the organization's formative documents (i.e., articles of incorporation, constitution, trust instrument, articles of organization is disolved or the formative documents (i.e., articles of incorporation, constitution, trust instrument, articles of organization is disolved or the formative amended, please forward a copy of the amendment to the State Board of Equalization. bx 9472 (PSR) Sacramento, CA 94279-0064, Please include your OCC number. Note to Assessor's Office: If the organization is disolved or the formation on the reverse side before completing. All questions must be answord. If the answer to any question is "YES," explain in tachment to complete the referenced form. Contact the Assessor's office: If the organization and the reverse side before completing. All questions must be answord. If the answer to any question is "YES," explain in tachment to complete the referenced form. Contact the Assessor's office: If the organization is application. early file amount in the property that your organization owns at this location: Taxable Possessory Interest Es No Since January 1, last year: Assessor's Office: If the answer to any question is "YES," explain in formative for the property land/during since and care a retain outdue to ro other thradeling purposes? (Nete: Thint stores which are part of a plant formation of this property vacant or unused?) If yes, since (date) Area (sq. ft.) Is any portion of this property being quetters (20 the dintel	· · · · <u> </u>	
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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 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 Inter 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 n recent and the prior year's complete financial statements along with an explanation of increase. 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 addit and a description of the property. This property may be taxable as it is not owned by the claimant. IME 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 and complete to the best of my knowledge and belief. SNATURE OF CLAIMANT TITLE ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:	 7. Is this property used as a housing for the elderly or handicapped property is financed by the federal government under, but not lim 	d? If yes, submit BOE-267-H unless care or services are provided or ited to, sections 202, 231, 236, or 811 of the Federal Public Laws.
9. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internet 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 n recent and the prior year's complete financial statements along with an explanation of increase. 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 addit and a description of the property. This property may be taxable as it is not owned by the claimant. ME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) 11. Is there any equipment or 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 and complete to the best of my knowledge and belief. GNATURE OF CLAIMANT ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:	attach a list describing what is used, the name of the user, the ar	s, submit BOE-267-O if real property is used; for personal property nount received by claimant (if any) and a copy of the lease agreemen
Image: recent and the prior year's complete financial statements along with an explanation of increase. Image: recent and the prior year's complete financial statements along with an explanation of increase. Image: I	9. Did this or any portion of this property generate taxable "unrela	ted business taxable income," as defined in section 512 of the Inte
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 addr and a description of the property. This property may be taxable as it is not owned by the claimant. ME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (<i>please print</i>) 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 and complete to the best of my knowledge and belief. SNATURE OF CLAIMANT TITLE DATE ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:	10. Have the organization's income and/or expenses increased by n	nore than 25 percent since last year? If yes, attach a copy of your n <i>v</i> ith an explanation of increase.
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 and complete to the best of my knowledge and belief. SNATURE OF CLAIMANT TITLE MAIL ADDRESS DATE ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:	and a description of the property. This property may be taxable a	or rented to the claimant? If yes, provide the owner's name and addr s it is not owned by the claimant.
including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SNATURE OF CLAIMANT TITLE IAIL ADDRESS ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:	ME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)	DAYTIME TELEPHONE ()
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	IAIL 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 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 designee)			(date)			

