EF-267-A-R15-0513-13000372-1

BOE-267-A (P1) REV. 15 (05-13)

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.

you must complete, sign and return this claim form to the Assessor. A separate 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. Additionally, if you or organization is dissolved and therefore no longer needs an Organizational Clearance Certificate, check here				by February 15. Ime and Mailing Address: (Make necessary corrections in ink to the printed									
Properly No.: Class: Last year your organization received the Welfare Exemption for all or part of the property listed above. To continue receiving the exemption for this location, you must complete, sign and return this claim form to the Assessor. A separate claim form 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 immediates. When the Assessor immediates are contacted in the Assessor immediates. Additionally, if your organization is dissolved and therefore no longer needs an Organization at Clearance Certificate, check here Check, if changed within the last year: Maning Additionally and the Contact of Contact the Contact of Contact	name	and	addre	ess.)									
Last year your organization received the Walfare Exemption for all or part of the property listed above. To carbitrum cacking the everption for this location, with a complex sign and return this claim form to the Assessor. A expander claim form to required for each location. If you wish to receive the exemption on properly at locations for which you have not received of field a claim form, contact the Assessor immediately. If you no longer seek an exemption at this logation, check here:					This organization owns	rents/leases this location:							
Last year your organization received the Walfare Exemption for all or part of the property listed above. To carbitrum cacking the everption for this location, with a complex sign and return this claim form to the Assessor. A expander claim form to required for each location. If you wish to receive the exemption on properly at locations for which you have not received of field a claim form, contact the Assessor immediately. If you no longer seek an exemption at this logation, check here:													
Last year your organization received the Walfare Exemption for all or part of the property listed above. To carbitrum cacking the everption for this location, with a complex sign and return this claim form to the Assessor. A expander claim form to required for each location. If you wish to receive the exemption on properly at locations for which you have not received of field a claim form, contact the Assessor immediately. If you no longer seek an exemption at this logation, check here:													
Last year your organization received the Walfare Exemption for all or part of the property listed above. To carbitrum cacking the everption for this location, with a complex sign and return this claim form to the Assessor. A expander claim form to required for each location. If you wish to receive the exemption on properly at locations for which you have not received of field a claim form, contact the Assessor immediately. If you no longer seek an exemption at this logation, check here:													
Last year your organization received the Walfare Exemption for all or part of the property listed above. To carbitrum cacking the everption for this location, with a complex sign and return this claim form to the Assessor. A expander claim form to required for each location. If you wish to receive the exemption on properly at locations for which you have not received of field a claim form, contact the Assessor immediately. If you no longer seek an exemption at this logation, check here:													
Last year your organization received the Walfare Exemption for all or part of the property listed above. To carbitrum cacking the everption for this location, with a complex sign and return this claim form to the Assessor. A expander claim form to required for each location. If you wish to receive the exemption on properly at locations for which you have not received of field a claim form, contact the Assessor immediately. If you no longer seek an exemption at this logation, check here:													
you must complete, sign and return this claim form to the Assessor. A separate 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 mediately. If you no longer seek an exemption is this location, check here sign and return this form to the Assessor. Additionally, if you organization is dissloved and therefore no longer needs an Organization and the Assessor. Additionally, if you organization is dissloved and therefore no longer needs an Organization the seek organization have as valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization? Yes No If yes, please mail an endorsed copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, People of the Yes, please mail an endorsed copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, People of Yes No If yes, please mail an endorsed copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, People of Yes No If yes, please mail an endorsed copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, People of Yes No If yes, please mail an endorsed copy of the amendment to the State Board of Equalization. County-Assessed Properties Division, People of Yes No If yes, Developer No If Yes, Developer No If Yes, People No					Property No.:	Class:							
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? Yes No If yes, enter OCC No. and date issued Have you amended the organization's formative documents (i.e., articles of incorporation, constitution, fust instrument, articles of organization) since last year? Yes No If yes, please mail an endorsed copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, County-Assessed Properties Divi	Last year your organization received the Welfare Exemption for all or part of the property listed above. To continue receiving the exemption for this location, you must complete, sign and return this claim form to the Assessor. A separate 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.												
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? Yes No Tyes, enter COC No. and date issued Have you amended the organization's formative documents (i.e., articles of incorporation, constitution, fust instrument, articles of organization's formative documents (i.e., articles of incorporation, constitution, fust instrument, articles of organization's formative documents were amended. Please femdorsed copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, P.O. Box 942879, Sacramento, CA 94279-0084. Please include your OCC number, (NOTE TO ASSESSOR STAFF: if the organization is dissolved or the formative documents were amended, please forward, a copy of the spage to the Board of Equalization.) The Assessor may ask for additional information, if you do not provide such information, it will result in denial of your claim for exemption. The Assessor may ask for additional information, if you do not provide such information, it will result in denial of your claim for exemption. The Assessor may ask for additional information, if you do not provide such information, it will result in denial of your claim for exemption. The Assessor of the information on the reverse side before completing, all questions must be a specied. If The AssWER TO ANY QUESTION IS "YES, NO Since January 1, last year: [EXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. Contact the Assessor immediately if special forms are needed to complete this application. [SEXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. Contact the Assessor immediately if special forms are needed to complete this application. [SEXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. Contact the Assessor immediately if special forms are needed to complete this application. [SEXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. Contact the Assessor immediately if special forms are needed to complete this application. [SEXP	If you no longer seek an exemption at this location, check here , sign and return this form to the Assessor.												
Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization?			•		nizational Clearance Certificate,	check here							
ty yes, enter OCC No					and by the State Board of Equaliz	ration?							
Have you amended the organization's formative documents (i.e., articles of incorporation, constitution, trust instrument, articles of organization) since last year? Vest No. If yes, please mail an endorsed copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, P.O. Box 942879, Sacramento, CA 94279-0064. Please include your OCC number. (NOTE TO ASSESSOR STAFF: If the organization is dissolved or the formative documents were amended, please forward a copy of this page to the Board of Equalization.) The Assessor may ask for additional information. If you do not provide such information, it will result in denial of your claim for exemption. Carefully read the information on the reverse side before completing. All questions must be answered. If THE ANSWER TO ANY QUESTION IS "YES," EXPLAIN IN "REMARKS" OR ON AN ATTACHMENT, Contact the Assessor immediately if special forms are needed to complete this application. Since January 1, last year:		-	-		ded by the State Board of Equaliz	ation:							
P.O. Box 942879. Sacramento, CA 94279-0064. Please include your OCC number, (NOTE TO ASSESSOR STAFF: If the organization is dissolved or the formative documents were amended, please forward a copy of this page to the Board of Equalization.) The Assessor may ask for additional information. If you do not provide such information, it will result in denial of your claim for exemption. Carefully read the information on the reverse side before completing. All questions must be answered. If THE ANSWER TO ANY QUESTION 18" YES, "EXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. COntact the Assessor immediately if special forms are needed to complete this application. Since January 1, last year:	Have	you	ame	ended the orga <mark>niz</mark> ation's f <mark>or</mark> mative do <mark>cu</mark> men <mark>ts (</mark> i.e., a <mark>rticles of inc</mark> orpora									
formative documents were amended, please forward a copy of this page to the Board of Equalization.) The Assessor may ask for additional information. If you do not provide such information, it will result in denial of your claim for exemption. Carefully read the information on the reverse side before completing. All questions must be answered. IF THE ANSWER TO ANY QUESTION IS "YES." EXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. Contact the Assessor immediately if special forms are needed to complete this application. Since January 1, last year: 1. Has the use on any portion of the property that received an exemption last year changed? 1. Has the use on any portion of the property used for exempt purposes that was not being used in that manner last year? 2. Is any portion of this property vacant or unused? If yes, since (date) 3. 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. It siled with this claim.) 5. Is any portion of the property used for living quarters (other than low-income housing or housing for housing for the elderty or handicapped listed under ververse) or, if living quarters associated with a rehabilitation program, submit documentain including the occupant's position or role in the organization including a statement indicating that the housing continues to be used for organizations exempt purpose (see Housing on reverse) of it living quarters associated with a rehabilitation program, submit BOE-267-It must be submitted. 6. 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 ones and square footage used. (See Owner/Operator on reverse.) 7. Is this property generated that the property is owned by a limited principal purpose (see Housing or the property is manned by the federal government under sections 202, 231, 236, or 811 of the Federal Pu													
The Assessor may ask for additional information. If you do not provide such information, it will result in denial of your claim for exemption. Carefully read the information on the reverse side before completing. All questions must be answered if THE ANSWER TO ANY OLESTION IS "YES," EXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. Contact the Assessor immediately if special forms are needed to complete this application. Since January 1, last year: 1. Has the use on any portion of the property that received an exemption last year changed? 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 vacant or unused? If yes, since (date) 4. Is any portion of this property vacant or unused? If yes, since (date) 5. Is any portion of the 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 exempted in 106-267-R is filled with this claim.) 5. Is any portion of the property used for living quarters (other than 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 (which come 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-L must be submitted. 7. Is this property used as a locality for the elderly or handicapped? If yes, BOE-267-H must be submitted. Unless care or services are provided or the property used as a facility for the elderly or handicapped? If yes, BOE-267-L must be submitted unless care or services are provided or the property used as a facilit						f the organization is dissolved or the							
Carefully read the information on the reverse side before completing. All guestions must be answered. IF THE ANSWER TO ANY QUESTION IS "YES," EXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. Contact the Assessor immediately if special forms are needed to complete this application. Since January 1, last year: 1. Has the use on any portion of the property that received an exemption last year changed? 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 for exempt purposes that was not being used in that manner last year? 4. 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 BOC-267-R is filed with this claim.) 5. Is any portion of the property used for living quarters (other than low-income housing or housing for the elderly or handicapped listed under questions 6 or 77? 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 used for organization's exempt purpose (see Housing on everse) or, if living quarters associated with a rehabilitation program, submit BOC-267-R. 6. Is this property used as low-income housing? If yes, and the property is owned by a innited partnership, BOC-267-L must be submitted. 7. Is this property used as a facility for the elderly or handicapped? If yes, BOC-267-L must be submitted unless care or services are provided or the property is financed by the federal government under sections 202, 231, 236, 811 of the Federal Public Laws. 8. Do other persons or organizations use any of this property? If yes, please provide a list including the name of user, frequency of use and square footage used. (See Owner/Operator on reverse.) 9. Did this or any portion of this property generate taxable unrelated business taxable inco						nial of your claim for exemption.							
Since January 1, last year:	Care	fully	read	the information on the reverse side before completing. All questions <mark>n</mark>	oust be an <mark>sw</mark> er <mark>ed. IF THE ANSV</mark>	VER TO ANY QUESTION IS "YES,"							
1. Has the use on any portion of the property that received an exemption last year changed? 2. Is any portion of this property being used for exempt purposes that was not being used in the manner last year? 3. Is any portion of this property vacant or unused? If yes, since (date)					diately if special forms are neede	d to complete this application.							
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 vacant or unused? If yes, since (date)		_			n last year ch <mark>an</mark> ged?								
4. 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.) 5. Is any portion of the property used for living quarters (other than 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 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. If yes and the property is owned by a limited partnership, BOE-267-L1 must be submitted or the property is financed by the federal government under sections 202, 231, 236, or 811 of the Federal Public Laws. 8. Do other persons or organizations use any of this property? If yes, please provide a list including the name of user, frequency of use and square foolage used. (See Owner/Operator on reverse.) 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 stafements. 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 not owned by th					,	last year?							
formal rehabilitation program may be exempt if BQE-267-R is filled with this claim.) S Is any portion of the property used for living quarters (other than low-income 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. G St 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. S S 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. Do other persons or organizations use any of this property? If yes, please provide a list including the name of user, frequency of use and square footage used. (See Owner/Operator on reverse.) 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. D 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. I set here 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 not owned by the claimant. DAYTIME TELEPHONE			3.	Is any portion of this property vacant or unused? If yes , since (date)	Area	(sq.ft.)							
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. G. Is this property used as low-income housing? If yes, and the property is owned by a limited partnership, BOE-267-L1 must be submitted. It yes and the property is owned by a limited partnership, BOE-267-L1 must be submitted. It yes and the property is owned by a limited partnership, BOE-267-L1 must be submitted. It is this property used as a facility for the elderal government under sections 202, 231, 236, or 811 of the Federal Public Laws. S. Do other persons or organizations use any of this property? If yes, please provide a list including the name of user, frequency of use and square footage used. (See Owner/Operator on reverse.) 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. D. 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. Set the property of the property. This property is taxable as it is not owned by the claimant? If yes, provide the owner's name and address and a description of the property. This property is taxable as it is not owned by the claimant. 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. DAYTIME TELEPHONE DAYTIME TELEPHONE DAYTIME TELEPHONE DAYTIME TELEPHONE DAYTIME TELEPHONE DAYTIME TELEPHONE DAYTIME TEL			4.			stores which are part of a planned,							
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. G. 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-L1 must be submitted. If yes and the property is owned by a limited partnership, BOE-267-L1 must be submitted. T. 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. S. Do other persons or organizations use any of this property? If yes, please provide a list including the name of user, frequency of use and square footage used. (See Owner/Operator on reverse.) 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. Did 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. T. 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 not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)			5.	5. Is any portion of the property used for living quarters (other than low-income housing or housing for the elderly or handicapped listed under									
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. 8. Do other persons or organizations use any of this property? If yes, please provide a list including the name of user, frequency of use and square footage used. (See Owner/Operator on reverse.) 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. 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 not owned by the claimant.				organization including a statement indicating that the housing continuous	nues to be used for organization'	s exempt purpose (see Housing on							
or the property is financed by the federal government under sections 202, 231, 236, or 811 of the Federal Public Laws.			6.	Is this property used as low-income housing? If yes, and the property company, BOE-267-L must be submitted. If yes and the property is a	erty is owned by a nonprofit or owned by a limited partnership, B	ga <mark>niz</mark> ation or eligible limited liability OE-267-L1 must be submitted.							
square footage used. (See Owner/Operator on reverse.) 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. 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 not owned by the claimant. REMARKS (attach separate sheet if necessary) NAME 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, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT ASSESSOR'S USE ONLY ASSESSOR'S USE ONLY			7.	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									
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. 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 not owned by the claimant. REMARKS (attach separate sheet if necessary) NAME 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, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. ASSESSOR'S USE ONLY ASSESSOR'S USE ONLY			8.		lease provide a list including the	name of user, frequency of use and							
recent and the prior year's complete financial statements. 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 not owned by the claimant. REMARKS (attach separate sheet if necessary) NAME 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, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT TITLE DATE ASSESSOR'S USE ONLY			9.	Did this or any portion of this property generate taxable "unrelated Revenue Code? If yes , see "Unrelated Income" on the reverse.	business taxable income," as de	efined in section 512 of the Internal							
and a description of the property. This property is taxable as it is not owned by the claimant. REMARKS (attach separate sheet if necessary) NAME 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, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT TITLE DATE ASSESSOR'S USE ONLY			10.		e th <mark>an</mark> 25 percent sin <mark>c</mark> e last year	? If yes , attach a copy of your most							
NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) 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. SIGNATURE OF CLAIMANT				and a description of the property. This property is taxable as it is not	en <mark>ted to the clai</mark> ma <mark>nt?</mark> If yes, pro owned by the claimant.	vide the owner's name and address							
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. SIGNATURE OF CLAIMANT TITLE DATE ASSESSOR'S USE ONLY	REMA	RKS (attach	separate sheet if necessary)									
any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT TITLE DATE EMAIL ADDRESS ASSESSOR'S USE ONLY	NAME	OF P	ERSO	N TO CONTACT FOR ADDITIONAL INFORMATION (please print)		DAYTIME TELEPHONE							
any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT TITLE DATE EMAIL ADDRESS ASSESSOR'S USE ONLY						()							
EMAIL ADDRESS ASSESSOR'S USE ONLY		I c	ertify	any accompanying statements or documents, is true, correct and	lifornia that the foregoing and all complete to the best of my know	ledge and belief.							
ASSESSOR'S USE ONLY	SIGNA	ATURE	OF C	CLAIMANT		DATE							
	EMAIL ADDRESS												
Approved: ALL PART Denied Reason(s) for Denial:				ASSESSOR'S USE	ONLY								
	Appr	ovec	: [ALL PART Denied Reason(s) for Denial:									

Robert Menvielle

El Centro, CA 92243

Imperial County Assessor

940 W. Main Street Suite 115

Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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 filling. 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													
17514	TOTAL ASSESSED VALUE OF:				EXEMPTION ALLOWED ON:								
ITEM	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	(Assessor or a	lesignee)		(date)								



EF-267-A-R15-0513-1300037