BOE-267-A (P1) REV. 23 (05-22)

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



Stephen S. Duckels Yuba County Assessor 915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

Does your organization have a valid Organizational Clearance Certificate (OC yes, enter OCC No and date issued and date issued and date issued and date issued Have you amended the organization's formative documents (i.e., articles of ir isst year? Yes No _ If yes, please mail a copy of the amendment to the iox 942879, Sacramento, CA 94279-0064. Please include your OCC number. No ocuments were amended, please forward a copy of this page to the Board of Ece ad the information on the reverse side before completing. All questions must ttachment or complete the referenced form. Contact the Assessor if any form lentify the property that your organization owns at this location: Real property (land/buildings/improvements) Personal property TeS NO Since January 1, last year: 1. Have any of the activities or use on any portion of the property that property that your organization of the property that your of the activities or use on any portion of the property that your of the activities or use on any portion of the property that your of the activities or use on any portion of the property that your of the activities or use on any portion of the property that your of the activities or use on any portion of the property that your of the activities or use on any portion of the property that your of the activities or use on any portion of the property that your of the activities or use on any portion of the property that your of the property that your of the activities or use on any portion of the property that your of the activities or use on any portion of the property that your of the property that	nplete, sign and return this claim form to the Assessor. A separate nal information. return this form to the Assessor. Date Vacated: onal Clearance Certificate, check here anization Name CC) issued by the State Board of Equalization? Yes No concorporation, constitution, trust instrument, articles of organization) e State Board of Equalization, County-Assessed Properties Division Note to Assessor's Office: If the organization is dissolved or the form Equalization. st be answered. If the answer to any question is "YES," explain ms referenced below are needed to complete this application. Taxable Possessory Interest
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Interference Interference	Taxable Possessory Interest
Real property (land/buildings/improvements) Personal property Since January 1, last year: 1. Have any of the activities of use on any portion of the property that	
1. Have any of the activities or use on any portion of the property tha	at received an exemption last year changed? If yes, attach an explar
1. Have any of the activities or use on any portion of the property that	a <mark>t r</mark> eceived an exemption last ye <mark>ar changed?</mark> If yes, attach an explar
of the change in activities or use.	
 2. Is any portion of this property being used for exempt purposes that 	nat was not being used in that manner last year?
3. Is any portion of this property vacant or unused? If yes , since (da	с ,
4. Is any portion of this property used as a retail outlet or for other	r fundraising purposes? (Note: Thrift stores which are part of a pla
formál rehabilitation program may be exempt if BOE-267-R is file	
5. Is any portion of the property used for living quarters? If yes, cher	eck one:
 Transitional / emergency shelter Low-income housing (check one) 	
Owned by a non-profit organization or eligible limited lial	ability company, submit BOE-267-I
 Owned by a limited partnership, <u>submit BOE-267-L1</u> 	asing company, <u>casing DOL Lor L</u>
Housing for senior or handicapped, submit BOE-267-H unles	ess care o <mark>r services are</mark> provided or the property is financed by the fe
government under, but not limited to, sections 202, 231, 236	6, or 811 of the Federal Public Laws.
Living quarters associated with a rehabilitation program, <u>sub</u>	
with a statement indicating that housing continues to be use	nentation including the occupant's position or role in the organization of 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-267-0</u> if real property is used; for personal property a treceived by claimant (if any) and a copy of the lease agreement
 7. Did this or any portion of this property generate taxable "unrela Revenue Code? If yes, see "Unrelated Business Taxable Income 	ated business taxable income," as defined in section 512 of the In e" 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 w	with an explanation of increase.
 9. Is there any equipment or property at this location that is leased of and a description of the property. This property may be taxable as 	or rented to the claimant? If yes , provide the owner's name and ad as it is not owned by the claimant.
AME 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	f California that the foregoing and all information hereon including
any accompanying statements or documents, is true, correct	
IGNATURE OF CLAIMANT TITLE	DATE
MAIL ADDRESS	
ASSESSOR'S USE ONLY Approved: ALL PART	Denied Reason(s) for Denial:
THIS DOCUMENT IS SUBJECT	

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, 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 VA	LUES				
ITEM	TOTAL ASSESSED VALUE OF:						
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL		
ITEM	EXEMPTION ALLOWED						
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL		
another exemption, such as	the church, religious,	etc., was allowed this year o	n a portion of the property des	ribed in the claim, ind	licate the type ar		
	-	-			51		
mount of the exemption:	(type)	φ(amount)					
		B	l				
			(Assessor or designee)		(date)		