BOE-267-A (P1) REV. 24 (05-24)

CLAIM FOR WELFARE 20 **EXEMPTION (ANNUAL FILING)**



Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

the A	ssess	sor b	full exemption, a claimant must complete and file this form with y February 15. me and Mailing Address: (Make necessary corrections in ink to the printed	Property Location:									
	and a			This organization owns rents/leases the real property at this location:									
				Property No.: Class:									
recei	Last year your organization received the Welfare Exemption for all or part of the property your organization owns at the location listed above. To continue receiving the exemption for the property you own at this location, you must complete, sign and return this claim form to the Assessor. A separate claim form is required for each location. The Assessor may contact you for additional information.												
A. If y	A. If you no longer seek an exemption at this location, check here 🔲, sign and return this form to the Assessor. Date Vacated:												
B. If your organization is dissolved and therefore no longer needs an Organizational Clearance Certificate, check here 🗌													
C. Check, if changed within the last year: 🗾 Mailing Address 📃 Organization Name													
D. 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													
E. Have you amended the organization's formative documents (i.e., articles of incorporation, constitution, trust instrument, articles of organization) since last year? Yes No If yes, please mail a copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, P.O.													
			re amended, please forward a copy of this page to the Board of E	Note to Assessor's Office: If the organization is dissolved or the formative qualization.									
Read	the in	nfori	mation on the reverse side before completing. All questions mus	t be answered. If the answer to any question is "YES," explain in an									
			complete the referenced form. Contact the Assessor if any for	ns referenced below are needed to complete this application.									
	Rea	•	perty that your organization owns at this location: perty (land/buildings/improvements)	Taxable Possessory Interest									
		1.		at received an exemption last year changed? If yes, attach an explanation									
			Is any portion of this property being used for exempt purposes the	· · · · · · · · · · · · · · · · · · ·									
			Is any portion of this property vacant or unused? If yes, since (da										
			formal 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	ck one:									
			☐ Transitional / emergency shelter ☐ Low-income housing (check one)										
			Owned by a non-profit organization or eligible limited lia	bility company, submit BOE-267-L									
			Owned by a limited partnership, <u>submit BOE-267-L1</u>										
			Housing for senior or handicapped, submit BOE-267-H unle federal government under, but not limited to, sections 202	ess care or services are provided or the property is financed by the , <mark>23</mark> 1, 23 <mark>6, or 811 of the Fed</mark> eral Public Laws.									
			Living quarters associated with a rehabilitation program, <u>su</u>	ubmit BO <mark>E</mark> -267-R									
			organization, with a stateme <mark>nt</mark> indicating that housing o	umentation including the occupant's position or role in the continues to be used for the organization's exempt purpose.									
		~	(See "Housing" on reverse.)										
		6.	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 attach t received by claimant (if any) and a copy of the lease agreement if not									
		7.	Did this or any portion of this property generate taxable "unrela Revenue Code? If yes , see "Unrelated Business Taxable Income	ted business taxable income," as defined in section 512 of the Internal e" on the reverse.									
			recent and the prior year's complete financial statements along w										
\Box		9.	Is there any equipment or property at this location that is leased 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 address s it is not owned by the claimant.									
NAME	OF PE	RSO	N 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.										
SIGNATURE OF CLAIMANT	TITLE		DATE							
EMAIL ADDRESS										
ASSESSOR'S USE ONLY Appr	oved: 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 Certi icate (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 VALUES											
ITEM	TOTAL A	SSESSED 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 desigr	nee)	(date)						

