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

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

To receive the full exemption, a claimant must complete and file this form with



Shelly Scott Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

The second	the Assessor by February 15. Organization Name and Mailing Address: (Make necessary corrections in ink to the printed name and address.)	Property Location: This organization owns rents/leases the real property at this location:					
Lat year your organization received the Welfare Exemption for all or part of the property your organization owns at the location listed above. To confinue receiving the exemption for the property your organization addition, your must complete, sign and return this claim form to the Assessor. Date Vacated: A If your no longer seek an exemption at this location, beck here is in an organization and the location of the Assessor. Date Vacated: C. Check, if changed with mise garyeer: A Welfare and the location of clearance Certificate, check here is the CC No. Does your organization is discoved and therefore no longer needs an Organizational Clearance Certificate, check here is the CC No. Does your organization the garyeer: A Welfare Section Clearance Certificate (CCC) issued by the State Board of Equalization 2 () Yes is not provide the section of the programment. Or 942-970. Section Trust instrument, anteles of organization is not known and date issued C. Check, if changed with mise garyeer: B Welfare Section 2 () Welfare 2 ()							
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B. If your organization is dissolved and therefore no longer needs an Organization and Clearance Cartificate, check here C. Check, If changed within the liad vesit: Mailing Address 1:: Organization Name D. Does your organization have avail Organization Clearance Cartificate (OCC) issued by the State Board of Equalization? If yes, enter OCC No.	receiving the exemption for the property you own at this location, you must con form is required for each location. The Assessor may contact you for addition	nplete, sign and return this claim form to the Assessor. A separate claim nal information.					
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Transitional / emergency shelter Low-income housing (check one) Owned by a non-profit organization or eligible limited liability company, <u>submit BOE-267-L</u> Owned by a limited partnership, <u>submit BOE-267-L1</u> Housing for senior or handicapped, <u>submit BOE-267-L1</u> Housing for senior or handicapped, <u>submit BOE-267-L1</u> Housing for senior or handicapped, <u>submit BOE-267-L1</u> Housing quarters associated with a rehabilitation program, <u>submit BOE-267-R</u> Other - If you claim exemption for this protion, <u>submit BOE-267-R</u> Other - If you claim exemption for this protion, <u>submit BOE-267-R</u> Other - If you claim exemption for this property? If yes, <u>submit BOE-267-R</u> Other - If you claim exemption for this property? If yes, <u>submit BOE-267-Q</u> if real property is used; for personal property 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 if not previously provided to the Assessor. See "Housing" on reverse.) Have the organizations income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most receivent and the prior year's complete financial statements along with an explanation of increase. Set Have the property. This property may be taxable as it is not owned by the claimant. NME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) Icertify (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	formal rehabilitation program may be exempt if BOE-267-R is file	with this claim.)					
Low-income housing (check one) Owned by a non-profit organization or eligible limited liability company, <u>submit BOE-267-L</u> Owned by a limited partnership, <u>submit BOE-267-L</u> Owned by a limited partnership, <u>submit BOE-267-H</u> unless care or services are provided or the property is financed by the federal government under, but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws. Living quarters associated with a rehabilitation program, <u>submit BOE-267-R</u> Other - If you claim exemption for this portion, submit documentation including the occupant's position or role in the organization, with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" on reverse.) O ther persons or organizations use any of this property? If yes, <u>submit BOE-267-D</u> if real property is used; for personal property 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 if not previously provided to the Assessor. O. 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 Business Taxable Income" on the reverse. S. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, particle the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. Is there any equipment or property at this location that is leased or rented the claimant. Icertify (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 ITILE DATE EMAIL ADDRESS		ck one:					
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SIGNATURE OF CLAIMANT TITLE DATE							
	EMAIL ADDRESS						
ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:							
	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 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 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 design	nee)	(date)		

