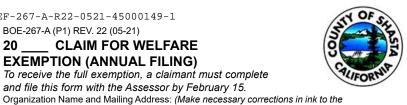
BOE-267-A (P1) REV. 22 (05-21)

#### 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.



# **LESLIE MORGAN ASSESSOR-RECORDER**

1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3636 Intra\_County toll free: 1(800)479-8009

	Property Location:
	This organization owns rents/leases the real property at this loca
	Property No.: Class:
ast year your organization received the Welfare Exemption for all or part of th	e property your organization owns at the location listed above. To conti
ceiving the exemption for the property you own at this location, you <b>must</b> co <b>rm is required for each location.</b> The Assessor may contact you for additio	mplete, sign and return this claim form to the Assessor. <b>A separate cl</b> nal information.
If you no longer seek an exemption at this location, check here, sign and	d return this form to the Assessor. Date Vacated:
If your organization is dissolved and therefore no longer needs an Organization	tional Clearance Certificate, check here
. Check, if changed within the last year: 📃 Mailing Address 🗌 Or	ganization Name
Does your organization have a valid Organizational Clearance Certificate (C yes, enter OCC No and date issued	DCC) issued by the State Board of Equalization?  Yes No
Have you amended the organization's formative documents (i.e., articles of st year? Yes No <b>If yes</b> , please mail a copy of the amendment to th ox 942879, Sacramento, CA 94279-0064. Please include your OCC number.	e State Bo <mark>ar</mark> d of Equalization, County-Assessed Properties Division, I Note to Assessor's Office: If the organization is dissolved or the forma
ead the information on the reverse side before completing. All questions mu	ist be answered. If the answer to any question is "YES," explain in
tachment or complete the referenced form. Contact the Assessor if any fo	rms <mark>ref</mark> erenced below are needed to complete this application.
entify the property that yo <mark>ur</mark> organization <b>owns</b> at this location. Real property (land/buildings/improvements)	y Taxable Possessory Interest
ES NO Since January 1, last year:	
<ol> <li>Have any of the activities or use on any portion of the property the of the change in activities or use.</li> </ol>	na <mark>t received an exemption last year changed?</mark> If yes, attach an explana
2. Is any portion of this property being used for exempt purposes t	
3. Is any portion of this property vacant or unused? If <b>yes</b> , since (c	
4. Is any portion of this property used as a retail outlet or for othe formal rehabilitation program may be exempt if BOE-267-R is fill	er fundraising purposes? ( <b>Note:</b> Thrift stores which are part of a plan ed with this claim.)
5. Is any portion of the property used for living quarters? If yes, ch	
Transitional / emergency shelter	
Low-income housing (check one)	
Owned by a non-profit organization or eligible limited limi	iability company, <u>submit BOE-267-L</u>
Owned by a limited partnership, <u>submit BOE-267-L1</u>	
government under, but not limited to, sections 202, 231, 23	
Living quarters associated with a rehabilitation program, s	
with a statement indicating that housing continues to be us	imentation including the occupant's position or role in the organization, sed for the organization's exempt purpose. (See "Housing" on reverse.)
a list describing what is used, the name of the user, the amou previously provided to the Assessor.	es, <u>submit BOE-267-O</u> if real property is used; for personal property at nt received by claimant (if any) and a copy of the lease agreement if
Revenue Code? If <b>yes</b> , see "Unrelated Income" on the reverse.	
recent and the prior year's complete financial statements along	more than 25 percent since last year? If <b>yes</b> , attach a copy of your n with an explanation of increase. d or rented to the claimant? If <b>yes</b> , provide the owner's name and addi
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)	DAYTIME TELEPHONE
a second and a second and a second and a second and a second a second a second a second a second a second a se	
I certify (or declare) under penalty of perjury under the laws of the State any accompanying statements or documents, is true, correct	and complete to the best of my knowledge and belief.
GNATURE OF CLAIMANT	DATE
IAIL ADDRESS	
ASSESSOR'S USE ONLY Approved: ALL PART	Denied Reason(s) for Denial:

BOE-267-A (P2) REV. 22 (05-21)

### **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		
If another exemption, such as t	the church, religious, etc	, was allowed this year o	n a portion of the property deso	cribed in the claim, ind	icate the type and		
amount of the exemption:		2					
	(type)	(amount)					
		Ву					
			(Assessor or designee)		(date)		