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



# 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

he Assessor by February 15.	Property Location:
rganization Name and Mailing Address: (Make necessary corrections in ink to the printed ame and address.)	This organization owns rents/leases the real property at this loc
	Property No.: Class:
ast year your organization received the Welfare Exemption for all or part of the	
eceiving the exemption for the property you own at this location, you <b>must</b> com orm is required for each location. The Assessor may contact you for addition	nplete, sign and return this claim form to the Assessor. A separate c
A. If you no longer seek an exemption at this location, check here $\Box$ , sign and $\Box$	
<ol> <li>If your organization is dissolved and therefore no longer needs an Organization</li> </ol>	
	anization Name
<ol> <li>Oneck, in changed within the last year.</li> <li>Does your organization have a valid Organizational Clearance Certificate (OC</li> </ol>	
f yes, enter OCC No and date issued	
. Have you amended the organization's formative documents (i.e., articles of ir	ncorporation, constitution, trust instrumen <mark>t, articles of</mark> organization) s
ast year? Yes No If <b>yes</b> , please mail a copy of the amendment to the	
iox 942879, Sacramento, C <mark>A</mark> 94279-0 <mark>06</mark> 4. Please include your OCC number. N ocuments were amended, please forward a copy of this page to the Board of E	
Read the information on the reverse side before completing. All questions mus	•
ttachment or complete the referenced form. Contact the Assessor if any for	
lentify the property that your organization <b>owns</b> at this location:	
Real property (land/buildings/improvements)     Personal property     //ES NO Since January 1, last year:	Taxable Possessory Interest
1. Have any of the activities or use on any portion of the property that	at received an exemption last year changed? If yes, attach an explan
of the change in activities or use.	ar eceived an exemption last year on anged in yea, attach an explain
2. Is any portion of this property being used for exempt purposes the	at was not being used in that manner last year?
3. Is any portion of this property vacant or unused? If <b>yes</b> , since (da	
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 plan
formál rehabilitation program may be exempt if BOE-267-R is file	
<ul> <li>5. Is any portion of the property used for living quarters? If yes, cheat Transitional / emergency shelter     </li> </ul>	ck one:
Low-income housing (check one)	
Owned by a non-profit organization or eligible limited lia	ibility 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	ess care or services are provided or the property is financed by the
federal government under, but not limited to, sections 202	
Living quarters associated with a rehabilitation program, su	<u>ubmit BOE-267-R</u>
	umentation including the occupant's position or role in the
(See "Housing" on reverse.)	continues to be used for the organization's exempt purpose.
6. Do other persons or organizations use any of this property? If <b>yes</b>	s, submit BOE-267-O if real property is used; for personal property at
a list describing what is used, the name of the user, the amount previously provided to the Assessor.	t received by claimant (if any) and a copy of the lease agreement i
<ul> <li>7. Did this or any portion of this property generate taxable "unrela</li> </ul>	ated business taxable income," as defined in section 512 of the Inte
Revenue Code? If <b>yes</b> , see "Unrelated Business Taxable Income	e" on the reverse.
<ul> <li>8. Have the organization's income and/or expenses increased by n recent and the prior year's complete financial statements along w</li> </ul>	nore than 25 percent since last year? If <b>yes</b> , attach a copy of your i
<ul> <li>9. Is there any equipment or property at this location that is leased</li> </ul>	
and a description of the property. This property may be taxable as	s it is not owned by the claimant.
AME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)	
Les diff. (and a less) we demonstrate for a single state less of the Oterte	
I certify (or declare) under penalty of perjury under the laws of the State of any accompanying statements or documents, is true, correct	
IGNATURE OF CLAIMANT TITLE	DATE
MAILADDRESS	
	Denied Reason(s) for Denial:
ASSESSOR'S USE ONLY Approved: ALL PART	
ASSESSOR'S USE ONLY Approved: ALL PART	

#### **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 t	he church, religious, etc.	, was allowed this year o	on a portion of the property desc	ribed in the claim, ind	icate the type and		
amount of the exemption:		ı					
	(type)	(amount)					
Ву							
			(Assessor or design	iee)	(date)		

