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

ink to the printed name and address.)

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 RECENTOR COLOR ADDITATE COLOR ADDITATE AD Deva Marie Proto Sonoma County Clerk-Recorder-Assessor Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888 FAX: (707) 565-3318 FAX: (707) 565-3317

cation

This orga	nization 🗌	owns	rents/leases	the real property at this location:

				Property No.: Cla	SS:
recei	ving t	he e	organization received the Welfare Exemption for all or part of the exemption for the property you own at this location, you must cor red for each location. The Assessor may contact you for addition	plete, sign and return this claim forn	he location listed above. To continue n to the Assessor. A separate claim
A. If	you n	o loi	nger seek an exemption at this location, check here \Box , sign and	return this form to the Assessor. Dat	e Vacated:
B. If	your c	orga	nization is dissolved and therefore no longer needs an Organizati	onal Clearance Certificate, check her	e 🗌
C. Cl	heck,	if ch	nanged within the last year: 🛛 🗍 Mailing Address 📄 Org	anization Name	
			organization have a valid O <mark>rganizational Clearance Certificate</mark> (OC OCC No and date issued	CC) issued by the State Board of Equ	alization? 🔲 Yes 🗌 No
last y Box 9 docu <i>Read</i> attac	vear? 94287 ments <i>I the ii</i> :hmer	9, S we <i>nfori</i>	mended the organization's formative documents (i.e., articles of i Yes No If yes, please mail a copy of the amendment to the Sacramento, CA 94279-0064. Please include your OCC number. I are amended, please forward a copy of this page to the Board of E mation on the reverse side before completing. All questions must r complete the referenced form. Contact the Assessor if any for	State Bo <mark>ar</mark> d of Equalization, County Note to Assessor's Office: If the orgar qualization. St be answered. If the answer to an	-Assessed Properties Division, P.O. nization is dissolved or the formative y question is "YES," explain in an
Identi			pperty that your organization owns at this location: pperty (land/buildings/improvements)		
		i pro	operty (land/buildings/improvements) Personal property Since January 1, last year:	Taxable Possessory Intere	st
		1.	Have any of the activities or use on any portion of the property the of the change in activities or use.	at received an exemption last year ch	anged? If yes, attach an explanation
		2.	Is any portion of this property being used for exempt purposes th	at was not being used in that manne	last year?
		3.	Is any portion of this property vacant or unused? If yes, since (data	ate) Area	(sq.ft.)
		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 file	fundraising purposes? (Note : Thrift d with this claim.)	stores which are part of a planned,
		5.	Is any portion of the property used for living quarters? If yes, che Transitional / emergency shelter Low-income housing (check one)	ck one:	
			Owned by a non-profit organization or eligible limited lia	bility 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-H</u> unle government under, but not limited to, sections 202, 231, 230		e property is financed by the federal
			Living quarters associated with a rehabilitation program, su		cition or role in the organization
_	_		Other - If you claim exemption for this portion, submit docur with a statement indicating that housing continues to be use	d for the organization's exempt purpo	ose. (See "Housing" on reverse.)
		6.	Do other persons or organizations use any of this property? If ye a list describing what is used, the name of the user, the amour previously provided to the Assessor.	s, <u>sub<mark>mit BOE-267-O</mark></u> if real property t received by claimant (if any) and a	is used; for personal property attach 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 Incom	ted business taxable income," as de e″ on the reverse.	efined in section 512 of the Internal
		8.	Have the organization's income and/or expenses increased by recent and the prior year's complete financial statements along v	nore than 25 percent since last year /ith an explanation of increase.	? If yes , attach a copy of your most
		9.	Is there any equipment or property at this location that is leased and a description of the property. This property may be taxable a	or rented to the claimant? If yes, pro	vide the owner's name and address
NAME	OF PE	RSO	N TO CONTACT FOR ADDITIONAL INFORMATION (please print)		DAYTIME TELEPHONE
	l ce	rtify	(or declare) under penalty of perjury under the laws of the State of any accompanying statements or documents, is true, correct		
	TURE	OF C	LAIMANT TITLE		DATE
EMAIL	ADDR	ESS	I		<u>I</u>
		660	DR'S USE ONLY Approved: ALL PART	Doniod Bosson(a) for Deviat	
-	ASSE	330	DR'S USE ONLY Approved: ALL PART	Denied Reason(s) for Denial	
			THIS DOCUMENT IS SUBJECT	TO PUBLIC INSPECTION	



BOE-267-A (P2) REV. 23 (05-22)

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 US			
		ASSESSED VA	LUES		
ITEM	тот	AL ASSESSED VALUE OF:			
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL
ITEM	EXE	MPTION ALLOWED	I	1	I
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL
f another exemption such as	the church religious	etc was allowed this year o	n a portion of the property des	⊣ cribed in the claim_ind	icate the type a
	-	-			
amount of the exemption:	(type)	\$(amount)			
		By	/		
			(Assessor or designee)		(date)