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

# 20 \_\_\_\_ CLAIM FOR WELFARE **EXEMPTION (ANNUAL FILING)**



# **Deva Marie Proto** Sonoma County Clerk-Recorder-Assessor

Rm 104 Fiscal Bldg 38

Till 104 i loodi Blag
585 Fiscal Dr.
Santa Rosa, CA 95403-2872
TELEPHONE: (707) 565-188
FAX: (707) 565-3318 FAX: (707) 565-3317
FAX (707) 565-3317

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.  Property Location:								
Organization Name and Mailing Address: (Make necessary corrections in ink to the printed								
name and address.)  This organization owns	rents/leases the real property at this location.							
Property No.:	Class:							
Last year your organization received the Welfare Exemption for all or part of the property your organization own:	s 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 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, chec								
C. Check, if changed within the last year: Mailing Address Organization Name	_							
D. Does your organization have a valid <i>Organizational Clearance</i> Certificate (OCC) issued by the State Board of	f 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 in								
last year? Yes No If yes, please mail a copy of the amendment to the State Board of Equalization, Co Box 942879, Sacramento, CA 94279-0064. Please include your OCC number. Note to Assessor's Office: If the								
documents were amended, please forward a copy of this page to the Board of Equalization.	organization is dissolved of the formative							
Read the information on the reverse side before completing. All questions must be answered. If the answer to any question is "YES," explain in an								
attachment or complete the referenced form. Contact the Assessor if any forms referenced below are needed	d to complete this application.							
Identify the property that your organization <b>owns a</b> t this location:  Real property (land/buildings/improvements)  Personal property  Taxable Possessory II	atoroat							
YES NO Since January 1, last year:	nerest							
<ul> <li>1. Have any of the activities or use on any portion of the property that received an exemption last ye of the change in activities or use.</li> </ul>	ar changed? If yes, attach an explanation							
2. Is any portion of this property being used for exempt purposes that was not being used in that ma	anner last year?							
3. Is any portion of this property vacant or unused? If <b>yes</b> , since (date)	Area (sq.ft.)							
4. Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note: formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.)	Thrift stores which are part of a planned,							
5. Is any portion of the property used for living quarters? If yes, check one:								
☐ Transitional / emergency shelter								
Low-income housing (check one)								
Owned by a non-profit organization or eligible limited liability company, submit BOE-267	<u>-L</u>							
Owned by a limited partnership, submit BOE-267-L1	d or the property is financed by the							
Housing for senior or handicapped, <u>submit BOE-267-H</u> unless care or services are provide federal government under, but not limited to, sections 202, 231, 236, or 811 of the Federal	d or the property is financed by the I Public Laws.							
Living quarters associated with a rehabilitation program, submit BOE-267-R								
Other - If you claim exemption for this portion, submit documentation including the occu	upant's position or role in the							
organization, with a stateme <mark>nt</mark> indicati <mark>ng</mark> that housing continues to be used for the o	rganization's exempt purpose.							
6. Do other persons or organizations use any of this property? If <b>yes</b> , submit BOE-267-O if real property?	perty is used; for personal property attach							
a list describing what is used, the name of the user, the amount received by claimant (if any) a previously provided to the Assessor.	and a copy of the lease agreement if not							
7. 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 <b>yes</b> , see "Unrelated Business Taxable Income" on the reverse.								
8. Have the organization's income and/or expenses increased by more than 25 percent since last recent and the prior year's complete financial statements along with an explanation of increase.								
9. Is there any equipment or property at this location that is leased or rented to the claimant? If <b>yes</b> and a description of the property. This property may be taxable as it is not owned by the claimant	s, provide the owner's name and address							
NAME OF PERSON 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 ar any accompanying statements or documents, is true, correct and complete to the best of my								
SIGNATURE OF CLAIMANT TITLE	DATE							
FINAL ADDRESS								
EMAIL ADDRESS								
ASSESSOR'S USE ONLY  Approved:  ALL PART Denied Reason(s) for Denial:								
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)						
By(Assessor or designee)				(date)				



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