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.



Keith Taylor ASSESSOR OF VENTURA COUNTY 800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.countyofventura.org

	Property Location:
	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 acceiving the exemption for the property you own at this location, you must or prm is required for each location. The Assessor may contact you for additionation and the second se	complete, sign and return this claim form to the Assessor. A separate c
. If you no longer seek an exemption at this location, check here \Box , sign a	nd return this form to the Assessor. Date Vacated:
. If your organization is dissolved and therefore no longer needs an Organiz	zational Clearance Certificate, check here 🗌
. Check, if changed within the last year: 📃 🗖 Mailing Address 🗖 🗘	Drganization Name
Does your organization have a valid Organizational Clearance Certificate yes, enter OCC No and date issued	
. Have you amended the organization's formative documents (i.e., articles ist year? Yes No If yes , please mail a copy of the amendment to ox 942879, Sacramento, CA 94279-0064. Please include your OCC numbe	the State Bo <mark>ar</mark> d of Equalization, County-Assessed Properties Division, er. Note to Assessor's Office: If the organization is dissolved or the forma
ocuments were amended, please forward a copy of this page to the Board of the ad the information on the reverse side before completing. All questions n	•
ttachment or complete the referenced form. Contact the Assessor if any	
entify the property that your organization owns at this location:	
Real property (land/buildings/improvements) Personal prope ES NO Since January 1, last year:	erty Taxable Possessory Interest
	that received an exemption last year changed? If yes, attach an explana
2. Is any portion of this property being used for exempt purposes	s that was not being used in that manner last year?
3. Is any portion of this property vacant or unused? If yes , since	(date) Area (sq.ft.)
4. Is any portion of this property used as a retail outlet or for ot	the <mark>r fundraising purposes? (Note: Thrift stores which</mark> are part of a plan
formal rehabilitation program may be exempt if BOE-267-R is	
5. Is any portion of the property used for living quarters? If yes, o	check one:
 Transitional / emergency shelter Low-income housing (check one) 	
 Owned by a non-profit organization or eligible limited 	liability company, submit BOE-267-1
 Owned by a limited partnership, submit BOE-267-L1 	
	nless care o <mark>r services are</mark> pro <mark>vid</mark> ed or the property is financed by the feo
government under, but not limited to, sections 202, 231,	236, or 811 of the Federal P <mark>ubli</mark> c Laws.
Living quarters associated with a rehabilitation program,	submit BOE-267-R
with a statement indicating that housing continues to be	cumentation including the occupant's position or role in the organization used for the organization's exempt purpose. (See "Housing" on reverse.
6. Do other persons or organizations use any of this property? If a list describing what is used, the name of the user, the amo previously provided to the Assessor.	yes , <u>submit BOE-267-0</u> if real property is used; for personal property at ount received by claimant (if any) and a copy of the lease agreement i
Revenue Code? If yes , see "Unrelated Income" on the revers	
recent and the prior year's complete financial statements alon	by more than 25 percent since last year? If yes, attach a copy of your in ig with an explanation of increase. Sed or rented to the claimant? If yes, provide the owner's name and add
and a description of the property. This property may be taxabl	e as it is not owned by the claimant.
AME 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 any accompanying statements or documents, is true, corr	ect and complete to the best of my knowledge and belief.
GNATURE OF CLAIMANT TITLE	DATE
VAIL ADDRESS	
ASSESSOR'S USE ONLY Approved: ALL PAR	T 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							
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 desc	cribed in the claim, ind	icate the type and		
amount of the exemption:							
	(type)	(amount)					
		Ву					
			(Assessor or designee) (date		(date)		