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

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 ink to the



SHELLY SCOTT ASSESSOR-RECORDER-COUNTY CLERK

EXEMPTIONS DIVISION PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-3794 FAX (415) 473-6542 www.marincounty.org

Property Location:

D. Dees your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization? Yes No If yes, enter OCC No.		This organization owns rents/leases the real property at this location:					
ast year your organization received the Welfare Exemption for all or part of the property your organization owns at the location listed above. To continue caeving the exemption for the property your organization owns at the location listed above. To continue caeving the exemption for the property your organization additional information. At Your on longer seek an exemption at this location, your must complete, sign and return this form to the Assessor. Date Vaccated: B Your organization is discoved and therefore no longer needs an Organizational Clearance Certificate, check here C. Check, if changed within the last year: Maling Address Organization Name D. Dees your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization? Yes no Viges, enter OCC No.							
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B. If your organization is dissolved and therefore no longer needs an Organizational Clearance Certificate, check here C. Check, if changed within the last year: C. Dees your organization have a valid Organizational Clearance Cardificate (OCC) issued by the State Board of Equalization? C. How you annoted the organization is formative documents (i.e., articles of incorporation, constitution, trust instrument, articles of organization) since as year? F. Have you annoted the organization is provide the Board of Equalization. County-Assessed Properties Division, P.O. Dox 942979, Sacramento, CA 94279-0064. Please include your OCC number. Note to Assessor's Office: If the organization is dissolved or the formative board effective completing. All questions must be answered. If the answere to any question is "YES," explain in an itschement or complets the reference of boarn. Context: the Assessor's are needed to complete this application. County-Assessed Properties Division, P.O. Servey (Indobulding) improvements) P. Parsonal property That your organization was at this location: Real property that your organization was at this location: Real property fund/building/provements) P. Parsonal property that received an exemption last year changed? If yes, sittach an explanation of the change in activities or use on any portion of the property that received an exemption last year changed? If yes, sittach an explanation of the change in activities or use. S. Is any portion of this property used for exempt purposes that was not being used in that manner last year? S. Is any portion of the property used for lowing quarters? If yes, sitted with this datim.) S. Is any portion of the property used for lowing quarters? If yes, sitted in the state second or the property is financed by the federal government under, but not limited to ascions 202, 231, 236, or 811 of the Federal Public Laws. C. Downed by a limited partnership, <u>submit BOE-287-1</u> (owned by a limited partnership, <u>submit BOE-287-1</u> (owned by a limited partnership, <u>subm</u>	receiving the exemption for the property you own at this location, you must c	complete, sign and return this claim form to the Assessor. A separate claim					
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If yes, enter OCC No.	C. Check, if changed within the last year: Mailing Address O	rganization Name					
ast year? Yes No. If yes, please mail a copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, PO. Sock 942873, Sacrameto, CA 9427-0064. Please include your OCC number. Note to Assessor's Office: If the organization is dissolved or the formative bocuments were amended, please forward a copy of this page to the Board of Equalization. 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 to complete this application. Berlstein the property that your organization owns at this location: Taxable Possessory Interest CH Neave any ofthe activities or use. Personal property that received an exemption last year changed? If yes, attach an explanation of the property beard or unused? If yes, since (date) Area (sq.ft.) L 1. saw portion of this property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are part of a planned, formal rehabilitation program may be exempt If BCE-267-R. If def with this claim.) S 1. is any portion of the property used or eligible limited liability company, submit BOE-267-R. Owned by a non-profit organization or eligible limited liability company, submit BOE-267-R. Owned by a limited pattership, submit BOE-267-R. Owned by a limited pattership, submit BOE-267-R. Owned by a limited pattership, submit BOE-267-R. Owno	D. Does your organization have a valid <i>Organizational Clearance Certificate</i> (If yes , enter OCC No and date issued	OCC) issued by the State Board of Equalization? Yes No					
YES NO Since January 1, last year:	last year? Yes No If yes , please mail a copy of the amendment to t Box 942879, Sacramento, CA 94279-0064. Please include your OCC number documents were amended, please forward a copy of this page to the Board of <i>Read the information on the reverse side before completing.</i> All questions m attachment or complete the referenced form. <i>Contact the Assessor if any fo</i> <i>Identify the property that your organization owns at this location:</i>	the State Board of Equalization, County-Assessed Properties Division, P.O. r. Note to Assessor's Office: If the organization is dissolved or the formative f Equalization. Dust be answered. If the answer to any question is "YES," explain in an forms referenced below are needed to complete this application.					
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Revenue Codé? If yes, see "Unrelated Income" on the reverse. Image: State in the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. Image: State in the prior year's complete financial statements along with an explanation of increase. Image: State in the prior year's complete financial statements along with an explanation of increase. Image: State in the prior year's complete financial statements along with an explanation of increase. Image: State in the prior year's complete financial statements along with an explanation of increase. Image: State in the prior year's complete financial statements along with an explanation of increase. Image: State in the prior year's complete financial statements along with an explanation of increase. Image: State in the prior year's complete financial statements along with an explanation of increase. Image: State in the prior year's complete financial statements along with an explanation of increase. Image: State in the prior year's complete financial statements along with an explanation of increase. Image: State in the prior year's complete financial statements along with an explanation of increase. Image: State in the prior year's complete in the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. I	a list describing what is used, the name of the user, the amo	yes , <u>submit BOE-267-0</u> if real property is used; for personal property attach unt received by claimant (if any) and a copy of the lease agreement if not					
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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	EXEM							
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL			
If another exemption, such as	the church. religious. etc		n a portion of the property des	ribed in the claim. inc	dicate the type and			
	-	-		,	51			
amount of the exemption:	(type)	\$ (amount)						
		Ву						
				(Assessor or designee) (date)				