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

# 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



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

ink to the printed name and address.)	Property Location:
	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 receiving the exemption for the property you own at this location, you <b>must</b> con <b>form is required for each location.</b> The Assessor may contact you for addition	nplete, sign and return this claim form to the Assessor. A separate claim
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 Organization	
	anization Name
D. Does your organization have a valid <i>Organizational Clearance Certificate</i> (OC If <b>yes</b> , enter OCC No and date issued	CC) issued by the State Board of Equalization? Yes No
E. Have you amended the organization's formative documents (i.e., articles of in last year? Yes No If <b>yes</b> , please mail a copy of the amendment to the Box 942879, Sacramento, CA 94279-0064. Please include your OCC number. No documents 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 must attachment or complete the referenced form. Contact the Assessor if any formation of the reverse side before.	e State Board of Equalization, County-Assessed Properties Division, P.O. Note to Assessor's Office: If the organization is dissolved or the formative equalization. St be answered. If the answer to any question is "YES," explain in an
Identify the property that your organization <b>owns</b> at this location:	
Real property (land/buildings/improvements)     Personal property YES 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 explanation
of the change in activities or use.	
2. Is any portion of this property being used for exempt purposes th	с <u>,</u>
3. Is any portion of this property vacant or unused? If <b>yes</b> , since (da	, , , , , , , , , , , , , , , , , , , ,
formal rehabilitation program may be exempt if BOE-267-R is file	
5. Is any portion of the property used for living quarters? If yes, che	ick one:
Transitional / emergency shelter	
Low-income housing (check one)	
Owned by a non-profit organization or eligible limited lia	ability company, <u>submit BOE-267-L</u>
Owned by a limited partnership, <u>submit BOE-267-L1</u>	
	ess care or services are provided or the property is financed by the federal 6, or 811 of the Federal Public Laws.
Living quarters associated with a rehabilitation program, su	
Other - If you claim exemption for this portion, submit docur	mentation including the occupant's position or role in the organization, ad for the organization's exempt purpose. (See "Housing" on reverse.)
6. Do other persons or organizations use any of this property? If <b>ye</b>	<b>s</b> , <u>submit BOE-267-O</u> if real property is used; for personal property attach the received by claimant (if any) and a copy of the lease agreement if not
7. Did this or any portion of this property generate taxable "unrela Revenue Code? If <b>yes</b> , see <i>"Unrelated Business Taxable Incom</i>	ated business taxable income," as defined in section 512 of the Internal
	more than 25 percent since last year? If <b>yes,</b> attach a copy of your most
	or rented to the claimant? If yes, provide the owner's name and address
NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)	
	( )
I certify (or declare) under penalty of perjury under the laws of the State o any accompanying statements or documents, is true, correct	
SIGNATURE OF CLAIMANT TITLE	DATE
EMAIL ADDRESS	
ASSESSOR'S USE ONLY Approved: ALL PART	Denied Reason(s) for Denial:



## 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 USE ONLY							
		ASSESSED VA	LUES				
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, e	tc., was allowed this year o	n a portion of the property des	cribed in the claim, indi	cate the type and		
amount of the exemption.		\$					
amount of the exemption:	(type)	(amount)					
		B	/				
			(Assessor or desig	ee) (date)			