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

CLAIM FOR WELFARE 20 **EXEMPTION (ANNUAL FILING)**



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

| | | | full exemption, a claimant must complete and file this form with by February 15. Property Location: | | | | | | | | |
|--|--|--|--|-----------------|--|--|--|--|--|--|--|
| Orgar | nizatio | n Na | me and Mailing Address: (Make necessary corrections in ink to the printed | | | | | | | | |
| name | and a | <u>ddre</u> | This organization owns rents/leases the real property at this local | ion: | | | | | | | |
| | | | Property No.: Class: | | | | | | | | |
| recei form | ving t | he e qui r | organization received the Welfare Exemption for all or part of the property your organization owns at the location listed above. To continuate the property you own at this location, you must complete, sign and return this claim form to the Assessor. A separate cla red for each location. The Assessor may contact you for additional information. In the Assessor may contact you for additional information. The Assessor may contact you for additional information. The Assessor may contact you for additional information. | ue im | | | | | | | |
| B. If | your o | orga | nization is dissolved and therefore no longer needs an Organizational Clearance Certificate, check here | | | | | | | | |
| C. Check, if changed within the last year: Mailing Address Organization Name | | | | | | | | | | | |
| | | | organization have a valid <i>Organizational Clearance Certificate</i> (OCC) issued by the State Board of Equalization? | | | | | | | | |
| If yes, enter OCC No and date issued | | | | | | | | | | | |
| last y Box 9 docu Read attac | ear? 94287 ments I the i hmen ffy the | 79, Some we see the second sec | mended the organization's formative documents (i.e., articles of incorporation, constitution, trust instrument, articles of organization) sin Yes No If yes, please mail a copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, P. Sacramento, CA 94279-0064. Please include your OCC number. Note to Assessor's Office: If the organization is dissolved or the formation are amended, please forward a copy of this page to the Board of Equalization. The answer to any question is "YES," explain in the reverse side before completing. All questions must be answered. If the answer to any question is "YES," explain in the referenced form. Contact the Assessor if any forms referenced below are needed to complete this application. Superty that your organization owns at this location: The perty (land/buildings/improvements) Personal property Taxable Possessory Interest | O. ive | | | | | | | |
| YES | NO | 1 | Since January 1, last year: Have any of the activities or use on any portion of the property that received an exemption last year changed? If yes, attach an explanati | on | | | | | | | |
| | | | of the change in activities or use. | OH | | | | | | | |
| | | | Is any portion of this property being used for exempt purposes that was not being used in that manner last year? | | | | | | | | |
| | | | 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 other fundraising purposes? (Note : Thrift stores which are part of a planne formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.) | ∌d, | | | | | | | |
| | | 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-L | | | | | | | | |
| | | | Owned by a limited partnership, <u>submit BOE-267-L1</u> | | | | | | | | |
| | | | Housing for senior or handicapped, <u>submit BOE-267-H</u> unless care or services are provided or the property is financed by the federal government under, but not limited to, sections 202, 231, 236, or 811 of the Federal 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 occupant's position or role in the organization, with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" on reverse.) | | | | | | | | |
| | | 6. | Do other persons or organizations use any of this property? If yes , <u>submit BOE-267-O</u> if real property is used; for personal property atta a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if revivously provided to the Assessor. | ch 1ot | | | | | | | |
| | | 7. | Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the International Revenue Code? If yes , see "Unrelated Business Taxable Income" on the reverse. | nal | | | | | | | |
| | | 8. | Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes , attach a copy of your more recent and the prior year's complete financial statements along with an explanation of increase. | ost | | | | | | | |
| | | 9. | Is there any equipment or property at this location that is leased or rented to the claimant? If yes , provide the owner's name and addressed and a description of the property. This property may be taxable as it is not owned by the claimant. | ss | | | | | | | |
| NAME | OF PE | RSOI | N 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 and all information hereon, including | | | | | | | | | | |
| SIGNA | TURE | OF C | any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. LAIMANT TITLE DATE | | | | | | | | |
| EMA! | ADDE | F00 | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | |
| ASSESSOR'S USE ONLY 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 | | | | | | | | | |
| | 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) | | | | | | | | | |



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