EF-267-A-R22-0521-25000299-1

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

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 printed name and address.)

Kristen DePaul **Modoc County Assessor**

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

	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 receiving the exemption for the property you own at this location, your form is required for each location. The Assessor may contact you	or part of the property your organization owns at the location listed above. To continue you must complete, sign and return this claim form to the Assessor. A separate claim ou 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 a	<u> </u>						
C. Check, if changed within the last year: Mailing Addres							
D. Does your organization have a valid <i>Organizational Clearance Certificate</i> (OCC) issued by the State Board of Equalization? Yes No If yes , enter OCC No and date issued							
last year? Yes No If yes , please mail a copy of the amel Box 942879, Sacramento, CA 94279-0064. Please include your O documents were amended, please forward a copy of this page to the Read the information on the reverse side before completing. All que	e., articles of incorporation, constitution, trust instrument, articles of organization) since indment to the State Board of Equalization, County-Assessed Properties Division, P.O. CC number. Note to Assessor's Office: If the organization is dissolved or the formative the Board of Equalization. **Description of the Equalization of the Equaliza						
	onal property Taxable Possessory Interest						
YES NO Since January 1, last year:	Taxable i escending interest						
1. Have any of the activities or use on any portion of the of the change in activities or use.	ne property that received an exemption last year changed? If yes, attach an explanation						
	ot purposes that was not being used in that manner last year?						
	yes, since (date) Area (sq.ft.)						
	et or for other fundraising purposes? (Note : Thrift stores which are part of a planned,						
formal rehabilitation program may be exempt if BOI	E-267-R is filed with this claim.)						
5. Is any portion of the property used for living quarter	s? 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, submit BOE-267-L1							
Housing for senior or handicapped, submit BO	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							
Other - If you claim exemption for this portion.	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 contin	ues to be used for the organization's exempt purpose. (See "Housing" on reverse.)						
	roperty? If yes , <u>submit BOE-267-O</u> if real property is used; for personal property attacher, the amount received by claimant (if any) and a copy of the lease agreement if not						
	exable "unrelated business taxable income," as defined in section 512 of the Internal the reverse.						
	ncreased by more than 25 percent since last year? If yes, attach a copy of your most						
	that is leased or rented to the claimant? If yes, provide the owner's name and address						
NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)	DAYTIME TELEPHONE						
TV WILL OF T ENGOVERS CONTINUE TO CONTINUE THE OTHER THORY	/ \						
	of the State of California that the foregoing and all information hereon, including						
any accompanying statements or documents, is	s true, correct and complete to the best of my knowledge and belief. TITLE DATE						
EMAIL ADDRESS							
ASSESSOR'S USE ONLY Approved: ALL	. PART 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						
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)				
Ву						
		(Assessor or designee)		nee)	(date)	



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