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



Mono County Office of the Assessor

Barry Beck, Assessor

PO Box 456
Bridgeport, CA 93517-0456
Telephone: 760-932-5510
Fax: 760-932-5511
Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor
Website: www.monocounty.ca.gov/assessor

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 a receiving the exemption for the property you own at this location, form is required for each location. The Assessor may contact y	Il 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 rou 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	
C. Check, if changed within the last year: Mailing Addre	ss 🔄 Organization Name
D. Does your organization have a valid <i>Organizational Clearance</i> If yes , enter OCC No and date issued	Certificate (OCC) issued by the State Board of Equalization?
-	e., articles of incorporation, constitution, trust instrument, articles of organization) since
	endment to the State Board of Equalization, County-Assessed Properties Division, P.O.
	DCC number. Note to Assessor's Office: If the organization is dissolved or the formative
documents were amended, please forward a copy of this page to	
	<i>uestions must be answered.</i> If the answer to any question is "YES," explain in an
-	essor if any forms referenced below are needed to complete this application.
Identify the property that your organization owns at this location: Real property (land/buildings/improvements)	sonal property Taxable Possessory Interest
YES NO Since January 1, last year:	sonal property Taxable Possessory Interest
 1. Have any of the activities or use on any portion of to of the change in activities or use. 	he property that received an exemption last year changed? If yes, attach an explanation
	pt purposes that was not being used in that manner last year?
	f yes, since (date) Area (sq.ft.)
	the or for other fundraising purposes? (Note : Thrift stores which are part of a planned,
formal rehabilitation program may be exempt if BC	E-267-R is filed with this claim.)
5. Is any portion of the property used for living quarter	ers? If yes, check one:
Transitional / emergency shelter	
Low-income housing (check one)	
Owned by a non-profit organization or eli	gible limited liability company, <u>submit BOE-267-L</u>
Owned by a limited partnership, <u>submit E</u>	
Housing for senior or handicapped, submit B	<u>DE-267-H</u> unless care or services are provided or the property is financed by the federal s 202, 231, 236, or 811 of the Federal Public Laws.
 Living quarters associated with a rehabilitation 	
	, submit documentation including the occupant's position or role in the organization,
with a statement indicating that housing conti	nues to be used for the organization's exempt purpose. (See "Housing" on reverse.)
6. Do other persons or organizations use any of this a list describing what is used, the name of the us previously provided to the Assessor.	property? If yes , <u>submit BOE-267-O</u> if real property is used; for personal property attach ser, the amount received by claimant (if any) and a copy of the lease agreement if not
	taxable "unrelated business taxable income," as defined in section 512 of the Internal
•••••••••••••••••••••••••••••••••••••••	increased 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)	
NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please plint)	
	s of the State of California that the foregoing and all information hereon, including
	is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF CLAIMANT	TITLE DATE
EMAIL ADDRESS	'
ASSESSOR'S USE ONLY Approved:	L DAPT Denied Bessen/s) for Deniel
ASSESSOR'S USE ONLY Approved: AL	L 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 US	SE ONLY		
		ASSESSED VA	LUES		
ITEM	TOTA	AL ASSESSED VALUE OF:			
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL
-					
ITEM	EXE	MPTION ALLOWED	I	1	1
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL
If another exemption, such as	the church, religious, e	etc., was allowed this year o	n a portion of the property des	cribed in the claim, ind	icate the type and
amount of the exemption:		¢			
amount of the exemption:	(type)	φ(amount)			
		B			
			(Assessor or designee) (date)		(date)