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

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

To receive the full exemption, a claimant must complete and file this form with



Shanna White **County Clerk-Recorder-Assessor** P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

ame and add	Name and Mailing Address: (Make necessary corrections in ink to the printed	
		This organization owns rents/leases the real property at this local
		Descrite No.
		Property No.: Class:
ceiving the	our organization received the Welfare Exemption for all or part of the exemption for the property you own at this location, you must cor uired for each location. The Assessor may contact you for addition	property your organization owns at the location listed above. To continn nplete, sign and return this claim form to the Assessor. A separate cla nal information
	longer seek an exemption at this location, check here _, sign and	
	ganization is dissolved and therefore no longer needs an Organizati	_
, ,		anization Name
-	ur organization have a valid Organizational Clearance Certificate (OC	
	or OCC No and date issued	, ,
942879, ocuments wead the info tachment tachment entify the p Real p	b), Sacramento, CA 94279-0064. Please include your OCC number. If were amended, please forward a copy of this page to the Board of E formation on the reverse side before completing. All questions must to r complete the referenced form. Contact the Assessor if any for property that your organization owns at this location: property (land/buildings/improvements) Personal property	<i>is the answered.</i> If the answer to any question is "YES," explain in ms referenced below are needed to complete this application.
SINO] □ ´	 Since January 1, last year: Have any of the activities or use on any portion of the property the of the change in activities or use. 	at received an exemption last year changed? If yes, attach an explanati
1 🗆 '	 Is any portion of this property being used for exempt purposes th 	nat was not being used in that manner last year?
	 Is any portion of this property vacant or unused? If yes, since (data shows the second state of the second state	.
		r fundraising purposes? (Note : Thrift stores which are part of a planne
	formal rehabilitation program may be exempt if BOE-267-R is file	ad with this claim.)
] [] {	5. Is any portion of the property used for living quarters? If yes, che	ck one:
	Transitional / emergency shelter	
	Low-income housing (check one)	
	Owned by a non-profit organization or eligible limited lia	ıbility company, <u>submit BOE-267-L</u>
	Owned by a limited partnership, <u>submit BOE-267-L1</u>	
	federal government under, but not limited to, sections 202	
	Living quarters associated with a rehabilitation program, si	<u>Jbmit BOE-267-R</u>
		umentation including the occupant's position or role in the continues to be used for the organization's exempt purpose.
] 🗌 6	6. Do other persons or organizations use any of this property? If ye	s, <u>submit BOE-267-O</u> if real property is used; for personal property atta t received by claimant (if any) and a copy of the lease agreement if r
		ated business taxable income," as defined in section 512 of the Internet" on the reverse.
] 🗌 8		nore than 25 percent since last year? If yes , attach a copy of your mo vith an explanation of increase.
	and a description of the property. This property may be taxable a	
ME OF PERS	SON TO CONTACT FOR ADDITIONAL INFORMATION (please print)	
l certii	ify (or declare) under penalty of perjury under the laws of the State c any accompanying statements or documents, is true, correct	
		DATE
GNATURE OF		
SNATURE OF		
GNATURE OF	SS	



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 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)						
By(Assessor or designee)								
(Assessor or aesignee)								

