BOE-267-A (P1) REV. 21 (05-20)

the Assessor by February 15.

# 20 \_\_\_\_ CLAIM FOR WELFARE **EXEMPTION (ANNUAL FILING)**



Property Location:

**Gus Kramer County Assessor** 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

mame and address.)       The organization   owns           Property Nex:       Property Nex:         Last year your organization received the Welfare Exemption for all or part of the property your organization own receiving the exemption for the property you own at this location, your must complete, sign and return this claim form is required for each location. The Assessors may contact you for additional information.         A. If your no longer seek an exemption at this location, check here [	laim form to the Assessor. A separate of sor. Date Vacated:
Last year your organization received the Welfare Exemption for all or part of the property your organization own receiving the exemption for the property you own at this location, you must complete, sign and return this form to the Assessor.         A. If you no longer seek an exemption at this location, check here sign and return this form to the Assessor.         B. If your organization is dissolved and therefore no longer needs an Organizational Clearance Certificate, check         C. Check, if changed within the last year: mailing Address Organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of If yes, enter OCC No and date issued         D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of If yes, enter OCC No and date issued         D. Does your organization and therefore mail to doub your OCC number. Note to Assessors OBICE: If the advocuments were amended, he organization a copy of this page to the Board of Equalization.         Read the information on the reverse side before completing. All questions must be answered. If the answere trattachment or complete the proferenced form. Contact the Assessor if any forms referenced below give needer         decuments were amended, places forward a copy of this page to the Board of Equalization.         Read property (land/bulldings/improvements)	wwns at the location listed above. To com laim form to the Assessor. A separate of sor. Date Vacated:
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C. Check, if changed within the last year: D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Yes, enter OCC No. A and date issued D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Yes, enter OCC No. A and date issued D. Does your organization's formative documents (i.e., articles of incorporation, constitution, trust i ast year? Yes No If Yes, please forward a copy of the amendment to the State Board of Equalization. C adv 94279, Sacramento, CA 94279-0064. Please include your OCC number. Note to Assessor's Office: If the focuments were amended, please forward a copy of this page to the Board of Equalization. Read the information on the reverse side before completing. All questions must be answered. If the answer Tatchment or complete the referenced form. Contact the Assessor' if any forms referenced below are needed tentify the property that your organization owns at this location: Read property (land/buildings/improvements) Read property (land/buildings/improvements) Read property (land/buildings/improvements) Read property (land/buildings/improvements) Read property that received an exemption last ye dithe change in activities or use on any portion of the property used as a retail outlet or for other fundraising purposes? (Note: formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.) Read property used as a retail outlet or for other fundraising purposes? (Note: formal rehabilitation program may be exempt if BOE-267-L in the secand or state is possible to a submit BOE-267. C T ansittonal / emergency shelter C owned by a non-profit organization or eligible limited liability company, submit BOE-267. Revenue Code? If yee, see "Unrelated lincoming 20, 231, 236, or 811 of the Foderal Public L C iving quarters associated with a rehabilitation program, submit BOE-267. Revenue Code? If yee, see "Unrelated lincoming" on the reverse. Revenue Code? If yee, see "Unrelated	rd of Equalization? Yes No ust instrument, articles of organization) s a, County-Assessed Properties Division, the organization is dissolved or the form wer to any question is "YES," explain is edded to complete this application. any Interest t year changed? If yes, attach an explane t manner last year? Area (sq.ft.) te: Thrift stores which are part of a plane
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<ul> <li>3. Is any portion of this property vacant or unused? If yes, since (date)</li> <li>4. Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note: formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.)</li> <li>5. Is any portion of the property used for living quarters? If yes, check one:         <ul> <li>Transitional / emergency shelter</li> <li>Low-income housing (check ore)</li> <li>Owned by a non-profit organization or eligible limited liability company, <u>submit BOE-267</u></li> <li>Housing for senior or handicapped, <u>submit BOE-267-L1</u></li> <li>Housing for senior or handicapped, <u>submit BOE-267-H</u> unless care or services are provided government under, but not limited to, sections 202, 231, 236, or 811 of the Federal Public L</li> <li>Living quarters associated with a rehabilitation program, <u>submit BOE-267-R</u></li> <li>Other - If you claim exemption for this property? If yes, submit BOE-267-O if real program including a statement indicating that housing continues to be used for the organization's exemption y provided to the Assessor.</li> </ul> </li> <li>6. Do other persons or organizations use any of this property? If yes, submit BOE-267-O if real program is describing what is used, the name of the user, the amount received by claimant (If any) a previously provided to the Assessor.</li> <li>7. Did this or any portion of this property generate taxable "unrelated business taxable income," Revenue Code? If yes, see <i>"Unrelated Income"</i> on the reverse.</li> <li>8. Have the organization's income and/or expenses increased by more than 25 percent since last recent and the prior year's complete financial statements along with an explanation of increase.</li> <li>9. Is there any equipment or property. This property may be taxable as it is not owned by the claimant any accompanying statements or documents, is true, correct</li></ul>	Area (sq.ft.) te: Thrift stores which are part of a plar
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<ul> <li>7. Did this or any portion of this property generate taxable "unrelated business taxable income," Revenue Code? If <b>yes</b>, see "Unrelated Income" on the reverse.</li> <li>8. Have the organization's income and/or expenses increased by more than 25 percent since last recent and the prior year's complete financial statements along with an explanation of increase.</li> <li>9. Is there any equipment or property at this location that is leased or rented to the claimant? If <b>yes</b> and a description of the property. This property may be taxable as it is not owned by the claimant in the prior year's complete print?</li> </ul>	property is used; for personal property a y) and a copy of the lease agreement
8. Have the organization's income and/or expenses increased by more than 25 percent since last recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes and a description of the property. This property may be taxable as it is not owned by the claimant? AME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing ar any accompanying statements or documents, is true, correct and complete to the best of my IGNATURE OF CLAIMANT ITILE	e," as defined in section 512 of the Int
<ul> <li>9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes and a description of the property. This property may be taxable as it is not owned by the claimant AME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) </li> <li><i>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing ar any accompanying statements or documents, is true, correct and complete to the best of my IGNATURE OF CLAIMANT </i></li></ul>	last year? If <b>yes,</b> attach a copy of your
and a description of the property. This property may be taxable as it is not owned by the claimant IAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing ar any accompanying statements or documents, is true, correct and complete to the best of my IGNATURE OF CLAIMANT ITILE MAIL ADDRESS	
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### **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, 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. (This question is not applicable where the exempt activity is providing housing.)

## USE OF THE PROPERTY BY OTHER ORGANIZATIONS

If question 8 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 9 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.

		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 t	he church, religious, etc	., was allowed this year o	n a portion of the property desc	cribed in the claim, ind	icate the type a	
amount of the exemption:		\$				
	(type)	(amount)				
		Ву				
			(Assessor or design	nee)	(date)	