EF-267-R14-1016-26000207-1 BOE-267 (P1) REV. 14 (10-16)

LEGAL NAME OF ORGANIZATION

CLAIM FOR WELFARE EXEMPTION (FIRST FILING)

(For new locations and/or in-lieu of preprinted claim form BOE-267-A)

This claim is filed for fiscal year 20 _____ - 20 ____. (Example: a claimant filing a timely claim in January 2017 would enter "2017-2018.")

CUUTY OF MORE

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

MAILING ADDRESS (number and street)		
CITY, STATE, ZIP CODE		
WEBSITE ADDRESS (if any)	CORPORATE OR LLC ID NO. (if any)	FEIN/EIN
CHECK ANY OF THE FOLLOWING ITEMS THAT HAVE BEEN CHANGED WITHIN THE LA	│ ST YEAR: □ MAILING ADDRESS □ OF	GANIZATION NAME
ORGANIZATION'S FORMATIVE DOCUMENT (an amendment to articles of incorporation		ganization, etc.)
ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NO:	If you do not have an OCC, have you filed a cla	- · · · · · · · · · · · · · · · · · · ·
Provide a copy of the certificate issued by the State Board of Equalization		age for information regarding
(Board) and a copy of the Finding Sheet issued by the Board.	obtaining an OCC	
PRIOR YEAR FILINGS		
Has the organization filed for t <mark>he</mark> welfare <mark>exemption on</mark> any property in this county	/ in prior y <mark>ea</mark> rs? 🚺 Yes 🔲 No If Yes, sta	ite late <mark>st</mark> year filed:
1. IDENTIFICATION OF PROPERTY		
a. ADDRESS OF PROPERTY (number and street, including suite/unit number if applicable)		
CITY	ASSESSOR'S PA	ARCEL/ASSESSMENT NUMBER
b. Is this a new location this year? 🖸 Yes 🗌 No 🛛 c. When was the p	roperty put to exempt use (MM/DD/YYYY)	?
d. Property owned by the claimant for which claimant seeks exemption (check app	bl <mark>ica</mark> ble boxes):	
Real Property: Pe	rsonal Property 🔲 Taxable	Possessory Interest
		, , , , , , , , , , , , , , , , , , , ,
Land Buildings and Improvements		
2. REAL PROPERTY. If claiming an exemption on real property, provide: a. Date property acquired (MM/DD/YYYY):		
b. Land. Area in acres or square feet: c. Building and Improven	nents. Building number or name, number	of floors:
d. Use . Describe primary and incidental use of the property:		
e. Real property leased, rented, or used by others (since January 1 of the prior Is any portion of the real property identified under Section 1 used or operated claimant?		organization other than the
Yes No If Yes, please submit BOE-267-O.		
3. PERSONAL PROPERTY. If claiming an exemption on personal property, prov	ide:	
a. Description (type) of the property:		
b. Use. Describe primary and incidental use of the property:		
c. Personal property owned by the claimant that is leased, rented, or used by of		
Is any portion of the personal property identified under Section 1 used or ope		
Yes No If Yes , attach a description of the property, its use, the name	e of the user, the amount received by you (if any), and a copy of the lease
d. Equipment leased or rented from another person or organization (since Januar)	any 1 of the prior year)	
Is any portion of the equipment or other property at the location identified unc		from another person or
organization?	ier beblieft i feabea, feitiea, er benbighea	
Yes No If Yes , attach a list of the equipment and other property, des	cription of property, and name of whom vo	u lease/rent the property from.
Property so listed is not subject to the exemption, and will tax exempt organization, the property may be eligible for the	be assessed by the Assessor if owned by	
4. TAXABLE POSSESSORY INTEREST. If claiming an exemption on a taxable pos a. Name of the public owner (local, state, or federal agency) of the land, building		t lease agreement and provide:
b. Description of the type of property that is leased from the public owner:		
c. Use. Describe primary and incidental use of the property:		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



-267-R14-1016-26000207-2			
BOE-267 (P2) REV. 14 (10-16)			
5. USE OF PROPERTY	shop, or other facility (since January 1 of	the prior year)	
	perty identified under Section 1 used to oper		ity that sells goods to members of the
	(A) list the hours per week the business is o	perated and (B) describe the type of	f goods sold:
(2) Is the property used as a □ Yes □ No If Yes , s	a thrift shop as part of a planned, formal reh	abilitation program?	
	uary 1 of prior year) / identified under Section 1 used for living q s, describe that portion. Submit documentat oses of the organization. If living quarters ar	ion that the housing is incidental to a	and reasonably necessary for the exempt
c. Low-Income Housing	y identified under Section 1 used as low-inc	omo housing?	
Yes No If Yes	s, submit BOE-267-L if owned by a nonprofied partnership.	_	pany; submit BOE-267-L1 if owned by a
d. Elderly or handicapped Ho	• •		
Is any portion of the property identified under Section 1 used as a facility for the elderly or handicapped?			
includ	s, submit BOE-267-H, unless care or service ding but not limited to, sections 202, 231, 23 cing or care/services provided.		
6. UNRELATED BUSINESS T			
Is the property for which exemption is sought used for activities that produce income that is "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code (IRC), and that is subject to the tax imposed by section 511 of the IRC?			
Yes No If Yes	, attach each of the following:		
 A statement setting applicable, a descri A statement listing 4. A statement setting 	nformation and tax returns filed with the Inte forth the amount of time devoted to the org iption of the portion of the property on which the specific activities which produce the un of the amount of income of the organiz and the amount of total income of the organ	anization's income producing and n those activities are conducted. elated business taxable income. ation that is attributable to activities	on-income producing activities, and, whe in the state and is exempt from income
7. EXPANSION	and the amount of total moome of the organ		
	pit <mark>al investment</mark> in th <mark>e property within</mark> the ne	ext year? ☐ Yes ☐ No If Ye	s, explain:
	of its operating statement (income and exp Section 1, for the calendar or fiscal year pr		and liabilities), which relate exclusively to
9. OTHER - EXEMPT ACTIVIT	Y AND USE		
Please check all boxes that	are applicable: or the actual operation of the exempt activit		
The property is not use member, employee, c	ed or operated by the owner or by any other p contributor, or bondholder of the owner or compensations, or the more advantageous	person or organization so as to benefi operator, or any other person, throu	igh the distribution of profits, payment o
The property is not us	ed by the owners, operators, or members f al to a primary religious, hospital, scientific,	or fraternal or lodge purposes, or fo	
Who	m should we contact during normal	business hours for additional	l information?
NAME			TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS		1
<u> </u>	CERTI	FICATION	
	nalty of perjury under the laws of the Standard statements or documents, is true, correct		
SIGNATURE OF CLAIMANT			TITLE
NAME OF PERSON MAKING CLAIM			DATE



INSTRUCTIONS FOR CLAIM FOR WELFARE EXEMPTION (FIRST FILING)

EXEMPTION FROM PROPERTY TAXES UNDER SECTIONS 4(b) AND 5 OF ARTICLE XIII OF THE CONSTITUTION OF THE STATE OF CALIFORNIA AND SECTIONS 214, 254.5 AND 259.5 OF THE REVENUE AND TAXATION CODE (See also sections 213.7, 214.01-214.1, 215.2, 221-222.5, 225.5, 231, 236, 254-254.6, 259.5, 261, and 270-272 of the Revenue and Taxation Code)

FILING OF CLAIM

A claim for the Welfare Exemption must be filed with the Assessor by the organization owning the property or, in the case where the real property is leased from a public owner (any local, state, or federal government agency), by the lessee organization having a taxable possessory interest¹ in the real property. Real property includes land and improvements. An officer or duly authorized representative of the organization filing the claim must sign the claim form. A separate claim form must be completed and filed for each property location for which exemption is being sought.

The organization filing the claim must provide information on all uses of the property, including information on use by other organizations or persons. Each claim must contain supporting documents, including financial statements.

ORGANIZATIONAL CLEARANCE CERTIFICATE

An organization seeking the Welfare Exemption shall file with the State Board of Equalization (Board) a claim for an Organizational Clearance Certificate (OCC). The Board reviews each claim to determine whether the organization meets the requirements of Revenue and Taxation Code section 214² and issues a certificate to claimants that meet these requirements. The Assessor may not approve a property tax exemption claim until the claimant has been issued a valid OCC. However, your organization may file a claim for exemption with the Assessor, even if the claimant has not yet received the certificate from the Board. If the claim is filed timely with the Assessor, the claim will be considered timely filed even if the claimant has not yet received the OCC from the Board.

To request an OCC, nonprofit organizations must file BOE-277 and limited liability companies must file BOE-277-LLC. These forms are available on the Board's website (www.boe.ca.gov) or by contacting the Exemptions Section at 1-916-274-3430.

RECORDATION REQUIREMENT

Section 261 requires that an organization claiming the Welfare Exemption for its real property must have recorded its ownership interest as of the lien date (12:01 a.m., January 1) in the recorder's office of the county in which the property is located. A claimant which, on the lien date has a **possessory interest in publicly owned land, owns water rights, or owns improvements on land owned by another** may in lieu of recordation file a copy of the document giving rise to that possessory interest or water rights or file a written statement attesting to the separate ownership of those improvements with the Assessor. Failure to establish the fact of such recordation to the Assessor constitutes a **waiver** of the exemption.

TIME FOR FILING

To receive the full exemption, the claimant must file a claim each year on or before February 15. Only 90 percent of any tax or penalty or interest thereon may be canceled or refunded when a claim is filed between February 16 of the current year and January 1 of the following calendar year; if the application is filed thereafter, only 85 percent of any tax or penalty or interest thereon may be canceled or refunded. (For real property acquired after the January 1 lien date, to receive full exemption, the claim must be filed within 90 days from the first day of the month following the month in which the property was acquired, or by February 15 of the following calendar year, whichever occurs earlier. Refer to section 271.) The combined tax, penalty and interest may not exceed \$250.

BOARD-PRESCRIBED FORMS REFERENCED ON THE CLAIM FORM AND IN THE INSTRUCTIONS

BOE-267-A, 20____ Claim For Welfare Exemption (Annual Filing)

BOE-267-H, Welfare Exemption Supplemental Affidavit, Housing – Elderly Or Handicapped Families
 BOE-267-L, Welfare Exemption Supplemental Affidavit, Housing – Lower Income Households
 BOE-267-L1, Welfare Exemption Supplemental Affidavit, Low-Income Housing Property Of Limited Partnership
 BOE-267-O, Welfare Exemption Supplemental Affidavit, Organizations And Persons Using Claimant's Real Property
 BOE-267-R, Welfare Exemption Supplemental Affidavit, Rehabilitation – Living Quarters
 BOE-277, Claim For Organizational Clearance Certificate – Welfare Exemption
 BOE-277-LLC, Claim For Organizational Clearance Certificate – Welfare Exemption

ADDITIONAL INFORMATION

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.

² All further statutory references are to the Revenue and Taxation Code, unless otherwise specified.



¹ A taxable possessory interest is defined as the taxable interest held by a private possessor in publically owned real property. (See Assessors' Handbook, Section 510, Assessment of Taxable Possessory Interests (Dec. 2002), page 1.)

COMPLETION OF CLAIM FORM

All questions must be answered. Failure to answer all questions and provide requested information may result in denial of your claim. Use "not applicable" where needed. The following information is provided to assist you in answering specific questions on your claim.

The fiscal year for which exemption is being sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2017 would enter "2017-2018"; a "2016-2017" entry on a claim filed in February 2017 would signify that a late claim was being filed for the preceding fiscal year.

Section 1. IDENTIFICATION OF PROPERTY

Identify the situs location (address and city) and Assessor's Parcel/Assessment Number of the property owned for which you are seeking exemption; when the property was put to exempt use; and check the appropriate box(es) to indicate type(s) of property. Claimant is responsible for completing sections 2 through 4 depending on which box(es) are checked under section 1(d). Refer to P3 for the definition of real property and taxable possessory interest. Personal property is defined as all property except real property, such as office furniture, computers, and equipment.

Section 2. REAL PROPERTY Complete only if "Real Property" was checked under Section 1(d).

- (a) If the exemption is being claimed for real property, enter the date on which the property was acquired.
- (b) Indicate the area and the unit of measurement used (acres or square feet).
- (c) List all buildings and improvements on the land, using additional sheets if necessary.
- (d) Describe the primary use which should qualify the property for exemption and the incidental use(s) of the property since January 1 of the prior year.
- (e) If Yes, submit BOE-267-O, to provide information on every user of your real property.

Section 3. PERSONAL PROPERTY Complete only if "Personal Property" was checked under section 1(d). Describe the type of personal property, and the primary use and incidental use(s) of the property since January 1 of the prior year. If yes to (c) or (d), then provide requested information.

Section 4. TAXABLE POSSESSORY INTEREST Complete only if "Taxable Possessory Interest" was checked under section 1(d). Attach a copy of the current lease agreement, identify the public owner (local, state, or federal agency) of the publically owned land, buildings and/or improvements, and describe the type of property that is leased from the public owner.

Section 5. USE OF PROPERTY

- (a)(1) If Yes, describe in sufficient detail to determine the volume of business and the hours open for business since January 1 of the prior year. If a business operation located on the listed parcel has been deliberately omitted because you do not desire the exemption on the business, so state.
- (a)(2) If Yes, submit BOE-267-R.
- (b) If Yes, describe the portion of the property used for living quarters. Submit documentation, including tenets, canons, or written policy, that indicates the organization requires housing be provided to employees and/or volunteers. Include a statement as to why such housing is incidental to and reasonably necessary for the exempt purpose of the organization and the occupant's role or position in the organization. (This question is not applicable where the exempt activity is providing housing, for example, homes for aged, youth, or mentally or physically disabled.) If living quarters are associated with a rehabilitation program, submit BOE-267-R.
- (c) If Yes, submit BOE-267-L if owned by a nonprofit organization or limited liability company; submit BOE-267-L1 if owned by a limited partnership.
- (d) If Yes, submit BOE-267-H, unless care or services are provided or the property is financed by the federal government under, including but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws. Submit documentation on the type of financing or care/services.

Section 6. UNRELATED BUSINESS TAXABLE INCOME

If Yes, provide the documents and other information requested.

Section 7. EXPANSION

If Yes, describe the type of investment contemplated and the reasons that make such expansion necessary.

Section 8. FINANCIAL STATEMENTS

Submit the financial statements reflecting the operation of the subject property. The income and expenses should include only those that result from operation of the property. If compensation of personnel or other administrative expenses are pro-rated to the property, such pro-rata should be indicated. If the nature of an item of income or expense is not clear from the account name, further explanation indicating the nature of the account should be appended. Your claim will not be processed until the financial statements are received by the Assessor.

Section 9. OTHER – EXEMPT ACTIVITY AND USE

Check the appropriate boxes to indicate the requested information.

