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

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



Assessor-Recorder

Joaquin Torres

1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698

the A	sses	sor k		Property Location:						
	nizatio and a		me and Mailing Address: (Make necessary corrections in ink to the printed ess.)	This organization owns rents/leases the real property at this location						
				D. A. N. O.						
				Property No.: Class:						
Last	year	your	organization received the Welfare Exemption for all or part of the properties for the property years at this least in a supplementary of the property of the p	operty your organization owns at the location listed above. To continue						
form	ving i is re	qui	red for each location. The Assessor may contact you for additional i	ete, sign and return this claim form to the Assessor. A separate clain information.						
A. If	you n	o loi	nger seek an exemption at this location, check here $\; \Box$, sign and ret	urn this form to the Assessor. Date Vacated:						
B. If	your	orga	nization is dissolved and therefore no longer needs an Organizationa	al Clearance Certificate, check here						
C. C	heck,	if ch	nanged with <mark>in the la</mark> st year: M <mark>aili</mark> ng A <mark>dd</mark> ress Organi	zation Na <mark>me</mark>						
			organization hav <mark>e a</mark> valid O <mark>rganizational Clearan</mark> ce Certificate (OCC)) issued by the State Board of Equalization?						
			OCC No and date issued							
E. Have you amended the organization's formative documents (i.e., articles of incorporation, constitution, trust instrument, articles of organization) since last year? Yes No If yes, please mail a copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, P.O.										
Box 942879, Sacramento, CA 94279-0064. Please include your OCC 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 the Board of Equalization. Read the information on the reverse side before completing. All questions must be answered. If the answer to any question is "YES," explain in an										
Read the information on the reverse side before completing. All questions must be answered. If the answer to any question is "YES," explain in an attachment or complete the referenced form. Contact the Assessor if any forms referenced below are needed to complete this application.										
Identify the property that you <mark>r organizatio</mark> n owns at this location:										
YES		l pro	operty (land/buildings/improvements) Personal property Since January 1, last year:	☐ Taxable Possessory Int <mark>erest</mark>						
		1.		eceived an exe <mark>m</mark> ption last ye <mark>ar</mark> changed? If yes, attach an explanation						
П	П	2.	Is any portion of this property being used for exempt purposes that	was not being used in that manner last year?						
			Is any portion of this property vacant or unused? If yes , since (date	·						
		4.	Is any portion of this property used as a retail outlet or for other fu	indraising purposes? (Note : Thrift stores which are part of a planned						
		5	formal rehabilitation program may be exempt if BOE-267-R is filed was any portion of the property used for living quarters? If yes, check							
			☐ Transitional / emergency shelter							
			Low-income housing (check one)							
			Owned by a non-profit organization or eligible limited liabilities.	ity company, <u>submit BOE-267-L</u>						
			Owned by a limited partnership, submit BOE-267-L1							
			Housing for senior or handicapped, <u>submit BOE-267-H</u> unless federal government under, but not limited to, <u>sections</u> 202, 2	s care or services are provided or the property is financed by the 31, 236, or 811 of the Federal Public Laws.						
			Living quarters associated with a rehabilitation program, subr	nit BOE-267-R						
			Other - If you claim exemption for this portion, submit docum							
			(See "Housing" on reverse.)	ntinues to be used for the organization's exempt purpose.						
		6.	Do other persons or organizations use any of this property? If yes, s	submit BOE-267-O if real property is used; for personal property attach						
			a list describing what is used, the name of the user, the amount repreviously provided to the Assessor.	eceived by claimant (if any) and a copy of the lease agreement if no						
		7.	Did this or any portion of this property generate taxable "unrelated	d business taxable income," as defined in section 512 of the Interna						
		_	Revenue Code? If yes, see "Unrelated Business Taxable Income"							
Ш	Ш	8.	recent and the prior year's complete financial statements along with	re than 25 percent since last year? If yes , attach a copy of your mos an explanation of increase.						
		9.		rented to the claimant? If yes, provide the owner's name and address						
NAME	OF PE	RSO	and a description of the property. This property may be taxable as it N TO CONTACT FOR ADDITIONAL INFORMATION (please print)	DAYTIME TELEPHONE						
				()						
	I ce	rtify	(or declare) under penalty of perjury under the laws of the State of C any accompanying statements or documents, is true, correct an							
SIGNA	TURE	OF C	LAIMANT TITLE	DATE						
EMAIL ADDRESS										
_	V C C L	200	DR'S USE ONLY							
	4JJE	330	Approved: L ALL L PART L	Denied Reason(s) for Denial:						

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	ITEM TOTAL ASSESSED VALUE OF:								
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL				
ITEM	EXEM	XEMPTION 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)								

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